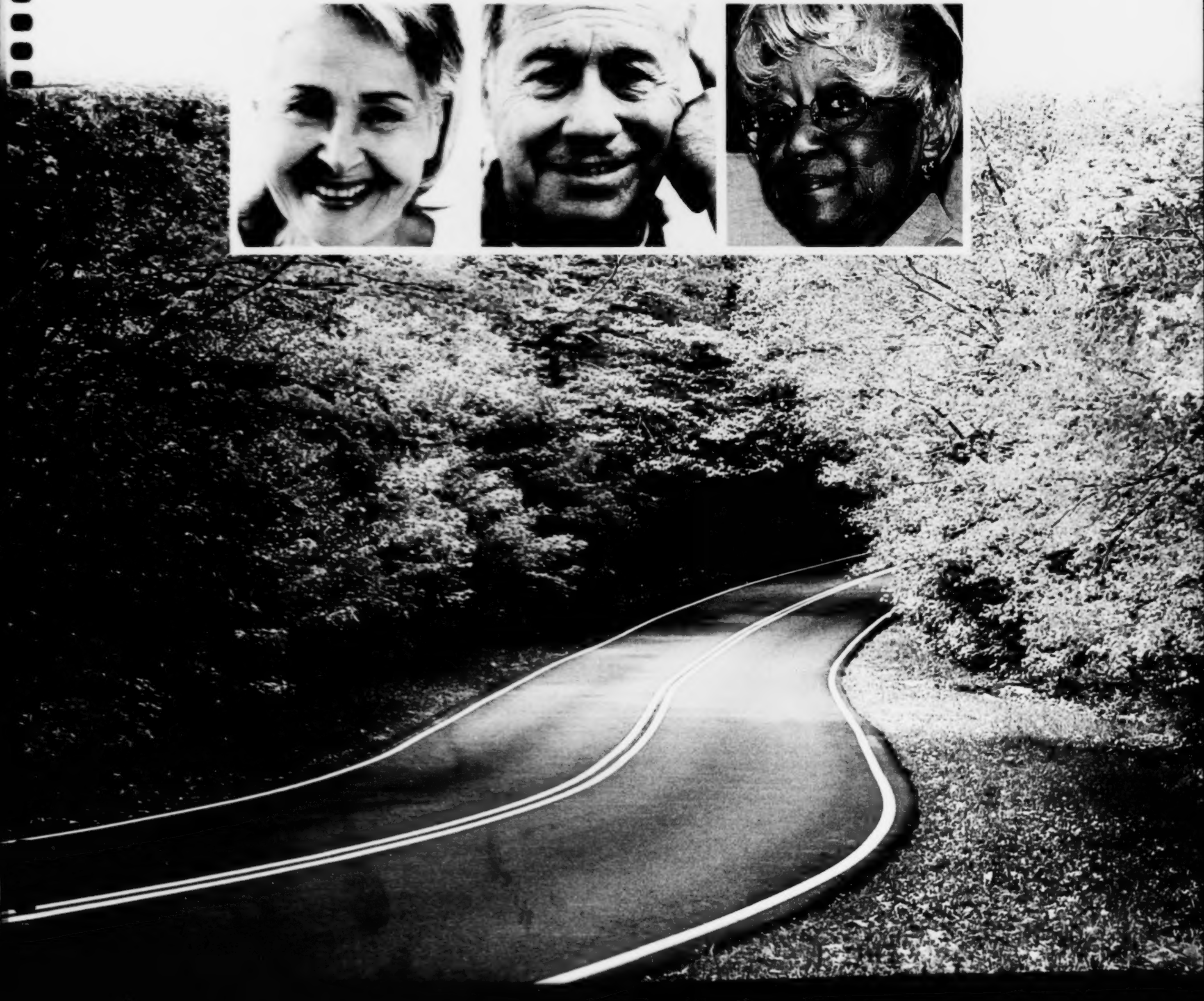
Strategy for Positive Aging in Nova Scotia

NOVA SCOTIA



Strategy for Positive Aging in Nova Scotia

Seniors' Secretariat
Giving Nova Scotia Seniors a Voice

NOVA SCOTIA

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> "If I had asked the people what they wanted, they would have said faster horses."
>
> Henry Ford

The Task Force on Aging asked Nova Scotians what they wanted. Admittedly, some suggested the equivalent of faster horses. But many, many more told us that meeting the challenges ahead requires new and sustainable ways of doing things.

Solutions to meeting the needs of seniors and all Nova Scotians today and in the future do not rest in convenient thinking, they lie in our collective creativity.

About the Secretariat

The Nova Seniors' Secretariat is the provincial government agency responsible for seniors. The Secretariat consults extensively with government departments, seniors, and voluntary seniors groups to coordinate the planning and development of government policies, programs and services for seniors.

The Secretariat serves as a single entry point to government for seniors. It responds to seniors' issues and concerns, and provides information on all matters related to aging through a toll free information line, information resource library, consultations, and various publications and directories such as the annual *Programs for Seniors*.

The Seniors' Secretariat consists of the Ministers of Health, Community Services, Education, Service Nova Scotia and Municipal Relations, and Health Promotion. The Minister of Health serves as the Chairperson of the Secretariat and is Nova Scotia's Minister Responsible for Seniors. The Secretariat is staffed by an Executive Director and seven permanent staff.

Contact Information:

Toll-free: 1-800-670-0065
Phone: (902) 424-0065
E-Mail: scs@gov.ns.ca
Website: www.gov.ns.ca/scs

1740 Granville Street
PO Box 2065, Halifax
Nova Scotia B3J 2Z1

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This Strategy is the result of a year-long process that involved more than 1,000 individuals from caring communities across Nova Scotia. We extend our appreciation to:

The Task Force on Aging Advisory Committee for their tireless efforts in deliberating the broad and complex issues associated with aging, and for providing insightful guidance on all aspects and phases of developing the Strategy for Positive Aging in Nova Scotia. A complete list of Advisory Committee members appears in Appendix A.

Individuals and organizations for submitting written comments, and hundreds of Nova Scotians for attending public meetings across the province – all of whom helped shape the final Strategy. A list of public meeting locations and the number of participants appears in Appendix B.

Representatives of organizations and professionals from a wide variety of sectors for sharing their vast knowledge and hands-on experience at stakeholder forums.

Seniors' Community Ambassadors who helped promote public meetings, welcomed the Task Force to their communities, and assisted in countless other ways.

Royal Canadian Legion branches and other community facilities for generously providing space and setup for public meetings.

Legion volunteers and staff for providing hospitality to meeting participants, for making Task Force members feel welcome, and for keeping weary travelers well fed.

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"It's up to everyone, individuals, governments, business, community organizations and the voluntary sector to anticipate the challenges and take the steps needed to meet them. Some steps can be taken by one sector acting alone, while most would benefit from joint or combined action."

– National Advisory Council on Aging,
1999 and Beyond, Challenges of an Aging Society

Strategy Outline

Introduction explains the purpose of the Strategy and provides background on its development, as well as quick facts about demographic changes, definitions for clarity, and an overarching theme that cannot be captured under individual goal topics because it extends over or throughout several sections of the Strategy.

Part One: The Framework includes the Vision, Guiding Principles, and Positive Aging Goals. Each of the nine goals is discussed individually and includes a brief descriptive narrative, goal statement, and societal actions. The Positive Aging Goals do not appear in any particular order. Goal numbers do not imply priority. They must, in fact, be achieved collectively in order to achieve the vision. For quick and easy access, the Framework can be identified by the gold-tone margin at the edge of each of these pages.

Part Two: Context and Background provides research notes, statistical highlights, and summarizes comments received at public and stakeholder meetings and through written responses to the Discussion Paper on Positive Aging in Nova Scotia.

Part Three: The Road Ahead contains 20 items that illustrate progressive approaches. "Good Ideas" are innovative initiatives that have been undertaken in other jurisdictions; "In the News" items are news clippings from across Nova Scotia. The intent is to stimulate creative thinking around a variety of aging issues as we plan for the future.

Appendices provide public meeting details, a list of Advisory Committee members, as well as summaries of government programs (descriptions and eligibility criteria).

"Strategy" Defined

A strategy outlines basic directional decisions and related actions. A strategy answers the question: What are the goals we want to achieve and how should we achieve them? The Strategy for Positive Aging in Nova Scotia provides nine goals and the societal actions needed to achieve them. The Strategy is based on the belief that the vision will be realized when all of the goals are achieved.

Message from the Honourable Angus MacIsaac

Minister of Health, Chairperson of the Seniors' Secretariat

Aging in Nova Scotia

Removing boundaries, building opportunities

It gives me great pleasure to present the Strategy for Positive Aging in Nova Scotia. The Strategy reflects the insights and experiences of the more than 1,000 Nova Scotians who provided direct input during its development. On behalf of the Government of Nova Scotia, I want to thank everyone who attended public and stakeholder meetings of the Task Force on Aging and submitted written responses to the Discussion Paper. Your dedication to this process and your insightful comments were essential for ensuring the Strategy represents the values and priorities of Nova Scotia communities.

More than a framework for government action, the Strategy is a guide for helping all sectors create senior-friendly communities. Because the issues addressed in the Strategy cover virtually every aspect of society, a wide range of approaches and solutions are needed. The Strategy therefore ignores the boundaries that exist between each level of government, business, not-for profit organizations, and community groups. Instead, it views the province as a whole and considers how all parts can work together in pursuit of a shared vision.

Nova Scotia is aging. Each month, 700 Nova Scotians turn 65. The population of seniors will nearly double by 2026. Demographics give us the power to see the future. In doing so, we have to come to terms with the fact that an aging population will increase costs. But our province will be much better equipped to manage the challenges if we are able to maximize the opportunities. By beginning to plan and prepare now, we have the extraordinary opportunity to empower people to arrive at their senior years in better health. And we have the opportunity to seek the full inclusion and participation of seniors in the community.

By anticipating the future and acting accordingly, we can in fact change the future. For example, disability rates can be lowered, personal savings can be increased, housing and community infrastructure can be made more age-sensitive, and in-home supports can be enhanced to extend independence. Improvements in the voluntary sector and workplace changes that support an aging labour force can redefine "productive aging" and unleash untapped human resources.

In order to meet the needs of an increasing retired population, we will continue to do everything possible to enhance the productivity of the working population. And we will continue to do this while staying true to the values that are deeply rooted in Nova Scotia communities. With sufficient economic growth, Nova Scotia will be able to fully enjoy the benefits of an aging population and manage the inevitable challenges.

Support for seniors has always been, and continues to be a priority for our government. The Task Force on Aging initiative began as a commitment in the *Blueprint for a Better Nova Scotia* and became the process by which this Strategy was developed. The next step for the Task Force is to develop a detailed action plan. As a government, we know we cannot do everything at once, but we also know that by being pro-active and working together, we can take the actions necessary to achieve the goals. In fact, the Strategy suggests that government departments at all levels, communities and other organizations also use the Framework as a guide for developing action plans. Province-wide participation is essential for advancing a shared vision of an inclusive society of caring communities that supports the well-being of seniors and values their contribution. The success of the Strategy for Positive Aging in Nova Scotia will ultimately be measured by positive changes in the lives of Nova Scotia's seniors.

Photo: Minister MacIsaac shown with Carol Boudreau, facilitator of the Kings County seniors' storytelling project

Preface: Defining Positive Aging

by Valerie White

Chair of the Task Force on Aging Advisory Committee

Executive Director, Nova Scotia Seniors' Secretariat

The term positive aging has generated a fair amount of discussion. We used it in the title of the Discussion Paper and introduced it for public debate. Until now, we deliberately decided not to define it because we didn't want to influence public response. Instead, we hoped it would have meaning for each individual, and it did. With very few exceptions, people liked it. Now it's time to explain the many aspects of positive aging and why Nova Scotians embraced the concept.

Positive aging advances the idea that aging is a lifelong process, whereby positive attitudes toward aging can encourage the ongoing participation of seniors in the community. Several other terms also challenge the notion of older age as a time of withdrawal from society, such as active aging, productive aging, successful aging, healthy aging, and optimal aging, but positive aging reflects all of these and more.

Positive aging emphasizes that aging is both a personal and a societal issue. It focuses on promoting individual responsibility, such as improving lifestyle choices that influence positive aging, while also addressing the broader role that families, communities and the province play in ensuring seniors receive the supports they need to age positively.

Positive aging also applies to Nova Scotia's fiscal health. It reminds us that although changes in the population structure of Nova Scotia will certainly have financial and other implications, we cannot underestimate our capacity as individuals, families, and communities to adapt. We are positive that Nova Scotians will do this well because adapting to change, while keeping our values strong, is an area where we have historically excelled.

Success Stories

The concept of positive aging should also serve to remind us that having an aging population is, in fact, a tremendous success story. Increases in life expectancy are hard-won victories. They represent centuries of progress that gave us improved nutrition, good public health, medical advancements, and a strong economy to support them.

The fact that people are living longer also means that the duration of family ties is greater today than ever before. Five-generation families are becoming increasingly common. I urge you to pause and think about that. A 100-year-old great-great-grandmother can hold the fifth generation of her family in her arms. In fact, Nova Scotia has the highest proportion of centenarians in North America, possibly the world.[1] And that's a Nova Scotia success story.

Acknowledging Needs and Limitations

Positive aging is a far-reaching concept. It's in everyone's interest that seniors are encouraged and supported to remain self-reliant, and are able to contribute to family and community well-being in meaningful ways. But for seniors to maintain their independence, a stable and secure income in retirement is essential. Seniors must also have appropriate and affordable housing, and support services that meet their needs. To access services and participate in their community, they need affordable and accessible transportation. Healthy lifestyle choices and appropriate preventive health and social support services throughout life also enable people to age in a healthy and productive way.

The purpose of the Strategy is to promote positive aging across a broad range of areas and sectors of society in order to improve opportunities for seniors to participate in the community in the ways they choose. However, this should

Photo: Valerie White shown with grandson Joey Melanson not imply that every senior has the ability to fully participate in society. The reality is that some seniors experience severe health problems and cognitive impairment. The negative aspects of aging cannot be overlooked or ignored, but nor should we perpetuate misguided beliefs that old age is a period of inevitable decline and social exclusion. Careful balance is needed. The reality is that health problems can prevent full participation in community life. Conversely, participation, where possible, can prevent health problems.

Although most seniors cope well with declines that come with advanced age, those who are frail or disabled, live in poverty, or are socially isolated have unique needs that deserve special attention. Addressing the impacts that chronic illness and disability, depression, dementia and ageism have on the well-being of seniors will expand the concept of positive aging to include the supports needed to improve the lives of seniors who have negative aging experiences.

In conclusion, positive aging simply encourages us to be positive about aging. Seniors have traditionally shown themselves to be the most generous segment of the population, giving more of both their time and money to support Nova Scotia's quality of life. Seniors are also extremely knowledgeable. Life is filled with lessons. The longer we live, the more we learn. Yes, our province is getting older. It is also getting wiser and more caring.

Quick Facts

- The number of seniors in Nova Scotia is approximately 131,833, or 14.1 percent of the population (Based on a September 2005 Statistics Canada report, Social Trends in Canada – A focus on Atlantic Canada and Halifax).

- Nova Scotia is has the highest percentage of seniors in Atlantic Canada, and the second-highest in Canada. (Stats Can, September, 2005)

- Seniors are the fastest growing segment of Nova Scotia's population.

- Although the total population of Nova Scotia is expected to grow by only three percent between 2005 and 2026, the seniors' population is projected to grow by 80 percent.

- Seniors will comprise 25 percent of Nova Scotia's population by 2026.

- Because women live longer than men, the ratio of women to men increases considerably with age. In 2005, there are 103 women for every 100 men between the ages of 55 and 64. This measure increases dramatically and steadily with age so that there are 277 women for every 100 men in the 85+ age group.

- Guysborough County is the oldest county in Nova Scotia with 20 percent seniors; Halifax is the youngest at 11.3 percent (2005).

- Guysborough County is projected to have 30.3 percent seniors by 2016; Halifax is projected to have 15.8 percent.

- Six Nova Scotia towns had more than 25 percent seniors in 2003 – Mahone Bay (29.5), Annapolis Royal (27.4), Lunenburg (26.6), Lockeport (26.4), Berwick (25.6), and Digby (25.5).

- Eight Nova Scotia towns had between 20 and 25 percent seniors in 2003 – Windsor (23.2), Middleton (23), Antigonish (22.9), Parrsboro (22.9), Bridgetown (21.6), Truro (21.5), Wolfville (20.8), and Hantsport (20).

Unless otherwise indicated, all statistics above are sourced from the Seniors' Statistical Profile, which is produced and distributed by the Nova Scotia Seniors' Secretariat.

Demographic Drivers

Population aging is the process in which the proportions of adults and seniors increase, while the proportions of children and adolescents decrease. Population aging occurs when fertility rates decline while life expectancy remains the same or improves.

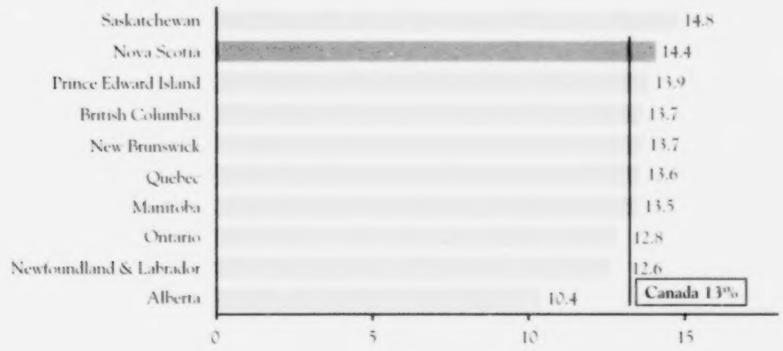
Life Expectancy

- Life expectancy for Nova Scotians who reach the age of 65 is 82 for men and 85 for women. Life expectancy improved by three years for men and two years for women between 1975 and 2005 (Seniors' Statistical Profile).
- Notably, the average life expectancy from birth has increased by 21 years since 1920. Life expectancy for people born in 1920 was 58 years; for those born in 2005, it is 79. (Seniors' Statistical Profile)
- Among Canadians born in 1960, 60 percent will have a surviving parent when they are 50 years of age, compared with 49 percent of those born in 1930, and only 16 percent of those born in 1910.[2]

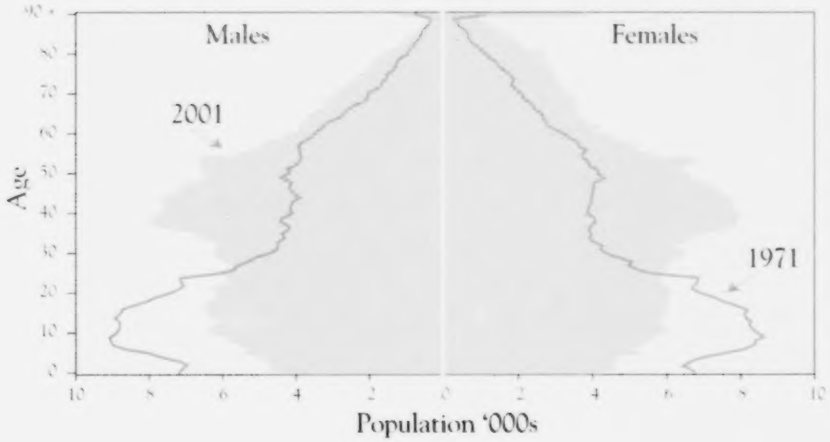
Fertility Rate

- The fertility rate (the average number of babies born per woman) in Nova Scotia was 1.4 in 2003. This is considerably below the population replacement level which is of 2.1 children per woman. Nova Scotia's fertility rate also falls below the Canadian average of 1.5.
- Between July 1, 2004 and June 30, 2005, births in Nova Scotia outnumbered deaths by only 167. However, immigration and emigration supported population growth with increases of 1,705 and 793 respectively.

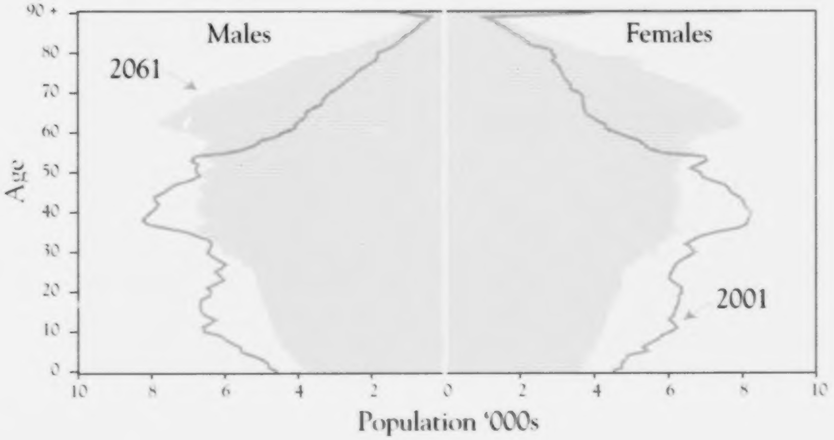
Percentage of Population Aged 65 and Over by Province (2004)



Current Population Age - Sex Distribution - Nova Scotia



Future Population Age - Sex Distribution - Nova Scotia



Source: Statistics Canada, Demography Division

Terms and Definitions

Several terms used in the Strategy have different meanings depending on the source. For clarity, the Strategy has adopted to following definitions (please note, calculations shown in parentheses were current as of the publishing date of the Strategy, December 2005):

Seniors refers to people who are 65 years and older (those born 1940 and earlier).

Youngest Old are those between 65-79.

Oldest Old are those 80 and over.

Near Seniors refers to people who are too old to be baby boomers and too young to fit the above definition of seniors (they are those born from 1941 to 1946 who are currently 59 to 64 years old).

Baby Boomers refers to the larger than expected generation of people born from 1947 to 1966 (they are currently 39 to 58 years old).

Older Boomers are those born from 1947 to 1959 (46 to 58 years old). The peak of the baby boom was in 1957.

Generation Xers are those born from 1960 to 1966 (39 to 45 years old).

Note: The Strategy adopted terms and definitions provided by David Foot, author of Boom Bust & Echo, because they relate not only to demographic changes, but the social/economic impact they had on the respective age groups. The definition of Generation X depends on who you ask. Some sources refer to those born from 1961-1980. However, Foot calls those born between 1967 and 1979 Baby Busters to illustrate the drop in birth rates during this period and the benefits that came with it.

Older People refers to people born prior to 1959 (age 46 and over), which represent the three oldest segments of the population - Seniors, Near Seniors, and Older Boomers.

Older Workers are people 55 and over who are working, are involuntarily excluded from the workforce, or would be able and willing to return to the workforce if more flexible arrangements were offered and/or financial disincentives were eliminated.

Aging in Place is the diverse range of programs and housing options needed to ensure seniors maintain personal dignity and functional independence in their homes, neighbourhoods, or communities for as long as possible.

Caregiver refers to family, friends, or neighbours who provide unpaid care and/or support to an individual.

Care Provider refers to a paid individual who provides care and/or support to an individual in community or institutional settings. "Care Providers" can refer to an individual or agency/organization that provides care services. For the purposes of this strategy, care provider is meant to refer to individuals and organizations that predominantly provide care and/or support to seniors

Home Support Workers are paid care providers who provide homemaker services.

Volunteer Care Providers are people who provide unpaid care and support to people they meet through formal volunteer organizations.

Interdisciplinary Care Team is a team comprised of more than two professionals from different health care disciplines dedicated to the ongoing and integrated care of one patient, set of patients, or clinical condition. (Not to be confused with multidisciplinary care team, which is a team comprised of more than two professionals from different health care disciplines who work with the same patient, set of patients, or clinical condition, but provide care independently of each other.)

Note: Definitions relating to diversity have been included in the Respecting Diversity section (Part Two) to provide clarity around terms such as culture, diversity, ethnicity, equality and equity, and to position these in a way that provides easier reference while reviewing the topics discussed in this section.

Overarching Theme: Social Determinants of Health

Medical advances and continued economic progress have traditionally been considered the main cornerstones for controlling disease and improving health. In recent years, however, this viewpoint has been complimented by a new emphasis on the relationship between health and the social conditions that affect health. The levels of health and disease in any society are determined by both biological factors, such as genetics, and by non-biological factors that include personal behaviour, financial resources, social status, and cultural and educational background. The non-biological factors are called the Social Determinants of Health.

Because the social determinants of health are represented throughout the Strategy, Task Force participants recommended they be positioned as an overarching theme. The purpose for highlighting the social determinants of health is to emphasize that health policy is no longer limited to the provision of medical care; more important for the health of the population as a whole is the need to address the social and economic conditions that make people ill and in need of medical care in the first place. In fact, the socioeconomic circumstances of individuals and groups are considered to have equal or more impact on health status than medical care and personal health behaviours, such as smoking and eating patterns.

To enhance the understanding of the full range of social responses to improving health and preventing disease, below are brief descriptions of the social determinants of health outlined by the World Health Organization's Centre for Urban Health.

The Social Gradient

Poor social and economic circumstances affect health throughout life. People further down the social ladder usually run at least twice the risk of serious illness and premature death as those near the top. Nor are the effects confined to the poor: the social gradient in health runs right across society, lower ranking members of the middle class, for instance, suffer much more disease and earlier death than higher ranking member of the same class.

Stress

Social and psychological circumstances can cause long-term stress. Continuing anxiety, insecurity, low self-esteem, social isolation and lack of control over work and home life have powerful effects on health. Such psychosocial risks accumulate during life and increase the chances of poor mental health and premature death. Long periods of anxiety and insecurity and the lack of supportive friendships are damaging in whatever area of life they arise. The lower people are in the social hierarchy of industrialized countries, the more common these problems become.

Early Life

The foundations of adult health are laid in early childhood and before birth. Slow growth and poor emotional support raise the lifetime risk of poor physical health and reduce physical, cognitive and emotional functioning in adulthood. Poor circumstances during pregnancy, such as deficiencies in nutrition, maternal stress, maternal smoking and misuse of drugs and alcohol, insufficient exercise and inadequate prenatal care can lead to poor fetal development, which is a risk factor for health in later life.

Social Exclusion

Poverty, relative deprivation and social exclusion have a major impact on health and premature death, and the chances of living in poverty are loaded heavily against some social groups. The unemployed, many ethnic minority groups, disabled people, refugees and homeless people are at particular risk. Relative poverty is often defined as living on less than 60 percent of the national median income. It denies people access to decent housing, education, transportation, and other factors vital to full participation in life. Social exclusion results from racism, discrimination, stigmatization, hostility and unemployment. Being excluded from society and treated as less than equal leads to worse health and greater risks of premature death. The stresses of living in poverty are particularly harmful during pregnancy, to babies, children and seniors.

Work

In general, having a job is better for health than having no job. But the social organization of work, management styles and social relationships in the workplace all matter for health. Evidence shows that stress at work plays an important role in contributing to the large social status differences in health, sickness, absence, and premature death. Health suffers when people have little opportunity to use their skills and low decision-making authority.

Unemployment

Unemployment puts health at risk, and the risk is higher in regions where unemployment is widespread. Unemployed people and their families suffer a substantially increased risk of premature death. The health effects of unemployment are linked to both its psychological consequences and the financial problems it brings. Because very unsatisfactory or insecure jobs can be as harmful as unemployment, merely having a job will not always protect physical and mental health. Job quality is important.

Social Support

Social support and good social relations make an important contribution to health. Social support helps give people the emotional and practical resources they need. Belonging to a social network of communication and mutual obligation makes people feel cared for, loved, esteemed and valued. Supportive relationships also encourage healthier behavior patterns. People who get less social and emotional support from others are more likely to experience less well-being, more depression, a greater risk of pregnancy complications and higher levels of disability from chronic diseases. In addition, bad close relationships can lead to poor mental and physical health.

Addiction

Drug use is both a response to a social breakdown and an important factor in worsening the resulting inequalities in health. It offers users a mirage of escape from adversity and stress, but only makes their problems worse. Alcohol dependence, illicit drug use and cigarette smoking are all closely associated with markers of social and economic disadvantage.

Food

A good diet and adequate food supply are central for promoting health and well-being. A shortage of food and lack of variety causes malnutrition and deficiency diseases. Excess intake (also a form of malnutrition) contributes to cardiovascular diseases, diabetes, cancer, degenerative eye diseases, obesity and dental caries. The important public health issue is the availability and cost of healthy, nutritious food. People on low incomes, such as young families, seniors, and the unemployed, are least able to eat well. Access to good, affordable food makes more difference to what people eat than health education.

Transportation

Cycling, walking and the use of public transportation promote health in four ways: they provide exercise, reduce fatal accidents, increase social contact, and reduce air pollution. Furthermore, communities that depend on cars for access isolate people without cars – particularly the young and old. Because mechanization has reduced the exercise involved in jobs and housework and added to the growing epidemic of obesity, people need to find new ways of building exercise into their lives. Transportation policy can play a key role in combating sedentary lifestyles by reducing reliance on cars, increasing walking and cycling, and expanding public transportation.

Source: Social Determinants of Health - The Solid Facts, Second Edition, World Health Organization 2003.[3]

PART ONE:

The Framework

"I was 29 until I became 65."

–Aleta Williams, 82,
Columnist, *The Evening News*, Pictou County

Making the Strategy Work

The *Strategy for Positive Aging in Nova Scotia* belongs to Nova Scotians. Over the past year, many organizations, individuals, and all levels of government have worked with the Task Force on Aging to develop the Strategy. The insights and experiences of more than 1,000 Nova Scotians are reflected in these pages. In total, more than 700 people attended public meetings, more than 120 participated in stakeholder forums, and more than 100 written responses to the Discussion Paper were received. The continued dedication of these people and many others will be critical, because just as the Strategy belongs to Nova Scotians, so does its implementation.

The Strategy is only the beginning. In order to take it to the next stage, action plans must be developed to identify the specific actions to be taken, who is responsible, the partners needed, and related timelines.

It is recommended that Nova Scotia government departments, municipal and federal governments, communities, and other organizations use the Strategy as a guide for identifying priorities and developing action plans relevant to their individual situations.

During the process of prioritizing and determining appropriate actions, the following criteria should be considered:

1. Estimated cost of implementation taking into account costs versus estimated savings.
2. Ease of implementation.
3. Potential to increase the independence and well-being of seniors and enabling them to carry out daily living activities.
4. Potential to reduce future demands on government-supported programs.
5. Potential for collaboration, including financial, between all sectors of society, such as various levels of government, agencies, service clubs, communities, the private sector, and not-for-profit organizations.

Vision

The Power of a Vision Statement

A vision,

... provides a broad, long-term definition of the scope and ambition of the task at hand.

... acts as a magnet to pull us forward in the direction we want to go.

... inspires unity and helps people stay on track and focused.

... becomes a yardstick that measures the relevance of what we are doing.

The Strategy for Positive Aging has adopted the following vision:

Nova Scotia is an inclusive society of caring communities that supports the well-being of seniors and values their contributions.

Guiding Principles

The guiding principles reflect the fundamental values and underlying beliefs of society. They define good practice and suggest a code of conduct for all Nova Scotians. Together, the guiding principles describe a society that values seniors.

Dignity – We demonstrate respect for the personal privacy, individual values, preferences, and spiritual beliefs of seniors.

Fairness – We equally address the distinctive needs of diverse seniors in accordance with the Nova Scotia Human Rights Act.

Participation – We enable seniors to maintain their social status and social connections in the community.

Respect – We promote a culture of respect across generations and recognize the contributions of seniors to family, friends, community, and society.

Safety – We enable seniors to live in safe and supportive living environments, free from danger, fear and exploitation.

Self-Determination – We respect the right of seniors to manage their affairs and participate as fully as possible in decisions affecting their health and security.

Self-Fulfillment – We ensure seniors can access the educational, cultural, spiritual, and recreational resources of society.

Security – We ensure seniors have sufficient resources to meet their basic needs and lead self-fulfilling lives.

Application of the Guiding Principles

The guiding principles can be used to assess the appropriateness of policies, programs, and services for seniors. By phrasing each principle as a policy question, an evaluation check-list can be developed. For instance, in regards to the first principle of dignity, one could ask:

- How could the policy, program or service under consideration be improved to better demonstrate respect for the personal privacy, individual values, preferences, and spiritual beliefs of seniors?

Nova Scotia's Positive Aging Goals

1. Celebrating Seniors

Nova Scotians value seniors and celebrate their lifelong contributions.

2. Financial Security

Secure and sufficient income provides an adequate standard of living for seniors.

3. Health and Well-Being

A range of supports and services enables seniors to optimize their health and well-being.

4. Maximizing Independence

Seniors enjoy maximum independence with support from family, friends, community and government.

5. Housing Options

Affordable, accessible, safe and supportive housing options are available to seniors.

6. Transportation

Affordable, safe and accessible transportation options are available to seniors.

7. Respecting Diversity

Nova Scotians recognize, respect and respond positively to seniors in all their diversity.

8. Employment and Life Transitions

Workplaces support and encourage the participation, health, lifelong learning and volunteer activities of older workers.

9. Supportive Communities

Seniors have opportunities for personal growth, lifelong learning, and community participation in safe and supportive environments.

Goal 1

Celebrating Seniors

Eliminating Ageism

Seniors' Contribution to Society

The Strategy for Positive Aging is an opportunity to reinvigorate Nova Scotia's commitment to value and respect seniors and their many and varied contributions to family, friends, community, and society. The Task Force recognizes that some seniors need support in the area of care and security, and at the same time we acknowledge that seniors continue to contribute to society. These contributions benefit individuals and communities in countless ways, and should be strongly supported and enthusiastically encouraged.

Our focus is on integration and inclusion – involving seniors in meaningful ways in all aspects of society. In particular, support for seniors' associations and seniors' community leaders must remain a priority. Seniors should also be encouraged to become more actively involved in the planning, implementation, and evaluation of the public policies and programs that concern them. And barriers to participation in society, such as ageist attitudes, should be identified and eliminated.

Research has shown that ageism is evident in the media, among school age children, and among health care professionals. Ageist attitudes are also a significant challenge to older workers who become unemployed. Therefore, the Celebrating Seniors section of this Strategy emphasizes the need to work with the media to change negative images of seniors, encourage closer contact between generations, empower seniors, and educate service providers about the need for flexibility and sensitivity.

The consequences of social isolation, marked by a decline in physical, mental and spiritual well-being, were frequent topics of discussion at Task Force meetings. While social isolation and loneliness are experienced by both women and men, women are more vulnerable because they are three times more likely to be widowed and twice as likely to live alone. Seniors who describe themselves as lonely tend to take more medications, have poorer health and more admissions to hospital. Although health problems can prevent full participation in community life, participation can also prevent health problems. Preventing social isolation has far-reaching benefits, and because there are many ways people can participate, it does not have to be limited to healthy, fully cognitive seniors.

> "Seniors are an advantaged group when it comes to speaking out. We are not obligated to clients or employers. If we can contribute to our community by taking a stand, let us have the courage to do this."
>
> – Evelyn Burnham,
> Digby County

The Strategy's references to social isolation should not imply that there has been widespread abandonment of seniors. Research has debunked this myth many times and social gerontologists have adopted the phrase "intimacy at a distance" to note that seniors, as well as their children, prefer to live independently while maintaining close ties with one another. And although many seniors "live alone," many of them prefer to think of it as "living on their own." Meeting participants also reminded the Task Force that "Celebrating Seniors" needs to be a shared responsibility among all age groups – including seniors themselves. Improving quality of life is often a matter of individual choice and responsibility.

Celebrating Seniors Goal

Nova Scotians value seniors and celebrate their lifelong contributions.

Societal Actions

Eliminating Ageism

1. Eliminate policies and practices that discriminate on the basis of age.
2. Promote equity by ensuring that age is included in diversity initiatives.
3. Foster collaborative relationships among levels of the public and private sector, professional groups, media, not-for-profit and community organizations to promote positive aging.
4. Educate all sectors about the unique and diverse needs of seniors, and provide tools to increase their understanding and responsiveness to seniors' concerns, such as creating environments that accommodate physical limitations.
5. Promote the power possessed by the senior population and help the business sector recognize the benefits of sponsoring seniors' organizations and programs.
6. Promote and support inter-generational programs; thereby building strong inter-generational bonds, better understanding of historical topics, social issues and cultural perspectives.
7. Improve communication and resource sharing between programs that currently serve seniors and programs that serve youth.

"My 13-year-old grandson tells me I'm cool. There is no greater compliment."

– Angele Vacon,
Yarmouth County

8. Ensure government communications portray a realistic and accurate image of seniors in all their diversity, including urban and rural distinctions and differences between the youngest old and the oldest old.

9. Disseminate accurate information and engage seniors and others in countering myths and stereotypes about aging.

Seniors' Contribution to Society

10. Provide opportunities for seniors to demonstrate physical and mental successes and ensure the skills, perceptions, and life experiences of older Nova Scotians are valued and utilized.

11. Increase opportunities for seniors to be part of government decision making.

12. Engage seniors in developing strategies and initiatives that meet the needs of communities and match individual interests, with an emphasis on reducing social isolation and loneliness and expanding opportunities for society to benefit from the experience and expertise of seniors.

13. Support senior leaders and create opportunities to develop new ones by providing the information, skills and resources needed to assume and succeed in leadership roles.

"I'm a senior and I didn't get there by any short act, I got there one day at a time and I learned something new each and every day."

– Leo MacKay,
Town of Stellarton,
Pictou County

Financial Security

Financial Security in Senior Years

Lifelong Financial Planning

Sustainability of Assistance Programs

Financial security is central to quality of life in retirement. The overall incidence of poverty for Nova Scotia seniors is comparable to the rate for younger people age 18-64. Federal programs such as the Old Age Security Program and Canada Pension Plan help ensure that most seniors are living above the poverty line. (Appendix C provides a list of federal retirement income programs.) However, despite these income security programs, 18,000 senior Nova Scotians (15 percent) were living below the low-income cut-off in 2001. The poverty rate for Nova Scotia seniors has generally been improving since 1981. At that time, nearly 38 percent of senior women and 25 percent of senior men were living in poverty.

The rate of economic hardship among senior women is noteworthy. Nearly one-half (45 percent) of senior women living by themselves were below the low-income cut-off in 2001. Considering that this number was much higher in 1980 – over 70 percent, it is clear that significant progress has been made, but there remains significant room for improvement. Task Force participants further emphasized the need to give greater consideration to seniors with incomes marginally above the low-income threshold. Modest-income seniors often find themselves in a worse financial situation than their low-income counterparts because they do not qualify for assistance programs.

Ensuring baby boomers are financially ready for retirement is also a priority because the "big generation" will have a far-reaching economic impact. The boomers are fortunate, because a range of government retirement benefits were already in place when they reached the labour market, but researchers disagree on their financial outlook. Some say boomers will be wealthier than their predecessors. Others claim the picture is less optimistic due to increases in single-person households, income inequality between men and women, a greater gap between rich and poor, and serious concerns about the high number (39 per cent) of people making RRSP withdrawals before retirement.

Other factors affecting financial security include the impact of employment leaves (childcare and eldercare), the challenges of saving for retirement among those who make less than $10 an hour (16 percent of Nova Scotia's workforce earned less than $10 per hour in 2003), as well as labour market trends that are moving away from employer-sponsored pension plans to part-time, casual and contract work. The ability of our

"As we know, the economic status of an individual at any age is the main determinant of health."

– Board of Directors, Community Links

province and country to sustain financial assistance programs will also come into question as greater numbers of seniors rely on them and fewer workers are contributing. Sustainability is directly linked to economic growth. With sufficient growth, government spending is projected to be the same – as a percent of GDP – as it is today. However, less economic growth will bring tough choices, such as cutting benefits or raising taxes, possibly in the context of declining living standards.

Financial Security Goal

Secure and sufficient income that provides an adequate standard of living for older Nova Scotians

Societal Actions

Financial Security

1. Ensure all levels of government work collaboratively to implement fair and adequate benefits, financial support programs, tax credits, and taxation policies, and to ensure that financial supports address age-related requirements, gender inequities, and the unique needs of persons with disabilities.
2. Inform seniors about financial support programs available to them and monitor the effectiveness of these communications by establishing and meeting targets to increase the percentage of eligible people applying.
3. Identify ways to provide financial entitlements automatically to eliminate application processes where possible; thereby ensuring everyone who is eligible receives the benefits.
4. Provide financial advisors with the tools and knowledge they need to ensure senior clients are aware of financial entitlements.
5. Ensure application processes for financial supports and other senior-related information materials respect the reader by meeting the needs of visually impaired citizens, as well as those with literacy and language barriers.
6. Identify opportunities to provide more seniors' discounts for fee-based government services.
7. Ensure investment and retirement savings incentives encourage older baby boomers and seniors to remain in the workforce and promote such workplace trends as voluntary gradual retirement.

8. Collaborate with stakeholders to protect seniors' investments and assets through the prevention of fraud and financial abuse.

Lifelong Financial Planning

9. Make pre-retirement seminars on financial planning more widely available.
10. Provide financial advisors with the tools and knowledge needed to target age groups that could benefit most from contributing to retirement savings plans and making other long-term investments, and identify those at greatest risk of passing over these opportunities due to a lack of knowledge and confidence.
11. Improve the portability of pension plans, enabling workers to change careers and/or move between provinces without sacrificing their investments.
12. Identify ways to improve provincial labour standards to support financial security in retirement for part-time, seasonal and casual workers.
13. Educate Nova Scotians about the long-term costs of making RRSP withdrawals before retirement.

Sustainability of Assistance Programs

14. Perform long-term forecasts for seniors' benefits programs to ensure their long-term viability, and support research efforts to inform decision making.
15. Modify government budgets to accommodate increased demand in some sectors and decreased demand in others, as costs shift with an aging population.
16. Encourage the elimination of discriminatory policies within the Old Age Security Program, such as those that discriminate on the basis of marital status.

> "Seniors have served our society a long time. They paid tremendous taxes. It's a shame that in their twilight years they experience such hardships."
>
> – Rick Gilbert,
> Liverpool

Goal 3

Health and Well-Being

Health promotion, disease and injury prevention

Health Services and Continuum of Care

Quality Health Services for Seniors - Research & Education

Pressures on public health expenditures are inevitable with an aging population. Nova Scotia's health care system currently accounts for $2.5 billion – 47.9 percent of total government program spending. Aside from anticipating and planning for future increases in health care costs, Nova Scotia is currently carrying the burden of having among the highest chronic disease rates in Canada.

On average, per capita spending on health for seniors is almost five times greater than for other age groups. Relative to the rest of the population, seniors are more likely to suffer from chronic conditions, be limited in their daily activities, and have illnesses that require hospitalization. Although 67 percent of health care costs in Canada are spent on chronic care, effective management is challenging in a system that is more attuned to providing acute care. Research shows that interdisciplinary teams provide more effective management of chronic diseases by enabling a wide range of health care professionals to work with and complement the care provided by family physicians. The interdisciplinary team approach has demonstrated that when patients and their families become active participants in decision-making and are provided with education, skills and support, patient self-management evolves. This is especially important for patients who live long distances from health care facilities.

Drug coverage is another area where increased expenditures are inevitable with an aging population. About 84 percent of seniors take some form of prescription or over-the-counter medication, with pain relief ranking as the most commonly used drug. The budget for Nova Scotia's Seniors Pharmacare program increased by $16.7 million in 2005-06, bringing the total Pharmacare investment to nearly $120 million a year.

Task Force participants spoke about the growing need to address seniors' mental health issues, noting opportunities to improve overall health, manage chronic illness, and reduce medication use. Furthermore, because seniors are remaining in their own homes longer, and are often supported by an equally elderly spouse or partner when illness strikes, there is a growing demand for services that accommodate respite needs, as well as those that create a more frail-friendly health care system, address geographical challenges, and acknowledge literacy levels.

> "We believe it is possible to do justice to the whole experience of aging, its good and bad parts, without naive belief in inevitable tranquility, or conversely inexorable decline. We fail seniors if we do not recognize both the positive and negative aspects of growing old in Nova Scotia in the early 21st Century."
>
> – Valley Focus Group of health care professionals in a written response

The prevalence of Alzheimer Disease and other dementias increases with longer life expectancy, which means an increase in the need for specialized day programs and long-term care units. As well, expanded hospice palliative care services will also be needed, with a greater emphasis on integration between education, training and research on end-of-life issues, and more open communication between patients and physicians.

The growing incidence of sexually transmitted diseases among people aged 50 and over also points to a need for prevention education aimed at older people.

On the positive side, most seniors report their overall health status as relatively good even when living with one or more chronic diseases. Task Force participants expressed strong support for health promotion initiatives, in particular the benefits of expanding community-based physical activity programs. Empowering Nova Scotians to arrive at better health in their senior years is critical to achieving the personal and provincial objectives of positive aging.

Health and Well-Being Goal

A range of supports and services enables seniors to optimize their health and well-being.

Societal Actions

Health Promotion, Disease and Injury Prevention

1. Engage seniors and partner organizations in developing and implementing population health strategies that address the determinants of health, promote the overall health and well-being of seniors, encourage individuals and families to plan and prepare for aging and its impact, and support their efforts to live healthy, active and productive lives.
2. Encourage government departments, district health authorities, and agencies at all levels to collaborate and engage partners and stakeholders in providing opportunities for seniors to be as healthy and independent as possible.
3. Develop and improve access to programs that promote healthy living, especially in rural areas.

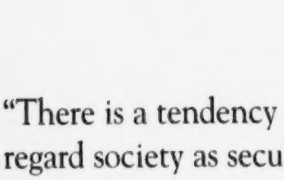
> "A change in lifestyle is now being described as the basis for health care reform in Canada."
>
> – Ann Cosgrove, Digby, in a presentation on behalf of the Basin Wellness Society

4. Partner with community organizations and the private sector to offer health promotion programs, services, and activities that augment formal health care services.
5. Provide an infrastructure to encourage volunteering as a meaningful approach to expanding the capacity of communities to support health promotion and disease and injury prevention activities.
6. Develop a long-term communication strategy that uses a variety of mediums to communicate information about health promotion, disease and injury prevention to seniors and their support networks.
7. Ensure health information targeting seniors is age and gender appropriate and considers varying literacy levels, language, and other barriers to comprehension.
8. Develop and deliver programs to inform seniors about sexually transmitted infections, including HIV and Hepatitis C, and on practical ways to prevent these infections.
9. Develop addictions programs that target seniors, including education and interventions that reach seniors and health professionals in both institutions and communities.

Health Services and Continuum of Care

10. Ensure a range of integrated, client-centered, quality and appropriate health, mental health, and support services is available, responsive and accessible reasonably close to home so seniors can maintain their family and community connections.
11. Ensure the province achieves a reputation for sharing senior-specific expertise and information between health professionals, community partners, caregivers and the public in a way that enhances care and makes the best use of limited resources.
12. Ensure information management systems throughout the province share relevant health and daily living information to facilitate improved service to seniors.
13. Continue to implement both the chronic disease prevention and chronic disease management strategies, identifying appropriate opportunities to link the strategies and determine the overall health and rehabilitative needs and system impacts of an aging population.

> "There is a tendency to regard society as secular, but we are a very diverse society; elderly people need hope, but they also require the opportunity to work toward the end of life."
>
> – Dr. G.A. Klassen, Kentville



14. Support and encourage province-wide implementation of the Department of Health's Seniors' Mental Health Standards.

15. Encourage the creation of interdisciplinary teams of allied health professionals such as nurses, social workers, rehabilitative therapists, nurse practitioners, and family physicians to provide effective chronic disease prevention and management services.

16. Identify opportunities to utilize both medical and non-medical (psychosocial) approaches to promote seniors' mental health and address seniors' mental health problems and disorders.

17. Ensure the system reflects the input of seniors across the province by supporting recommendations from the Strategic Framework for Continuing Care, for:
    - improved access to services when required
    - improved accommodation for spousal and partner placements in health facilities
    - improved facility-based programming to include physical, mental and recreational stimulation
    - improved home care entitlements

18. Support the implementation of initiatives that enhance the ability of the continuing care sector to better respond to the needs of clients whose behaviours challenge the provision of health care services.

19. Encourage the development of a greater array of programs and services for seniors including supportive living options, rapid or crisis response systems, and community based services such as physical, occupational, and recreational therapy, access to specialized bathing, meals, social events, and immunization against influenza.

20. Ensure the Department of Health continues to review the burden of costs for medications, assistive devices, mobility aids, and other essential supplies that help low-income families provide care at home.

21. Provide opportunities for volunteers to support seniors in the community and in health care facilities.

22. Develop systems that provide seniors with easy and timely access to information about the programs and services available to help them maintain their health and independence.

Goal 3

23. Ensure seniors and caregivers have access to decision-support tools by encouraging the development of user-friendly information on topics such as:
    - palliative care options
    - benefits and limitations of advanced directional living wills
    - power of attorney and guardianship
    - estate planning
24. Reform adult guardianship legislation to update both the language and intent.
25. Encourage the collaboration of physicians, pharmacists and other health care providers to reduce over-prescribing and misuse of prescription and over-the-counter medications by seniors.
26. Respond to the needs of hospital patients who cannot be discharged due to a lack of assistance at home by further developing and implementing strategies recommended through the Department of Health's Alternative Level of Care Project.
27. Continue to expand respite programs, make them more responsive to client needs, and continue to acknowledge their essential role in helping caregivers respond to both current and future needs of seniors.
28. Encourage the full implementation of the Canadian Strategy on Palliative and End-of-Life Care.
29. Encourage full implementation of the planning initiative currently underway to examine the hospice/palliative care needs of Nova Scotians through extensive stakeholder consultations.

30. Ensure collaboration among government departments and across health disciplines to develop a reputation for excellence for geriatric programming and the management of chronic disease by basing all initiatives on reputable evidence.

31. Engage geriatricians, gerontologists, seniors, and their caregivers in the development of health policies and service delivery standards to ensure they are age-appropriate, responsive to the physical and mental health needs and geographic locations of seniors, and are sensitive to ethno-cultural differences.

32. Work with post secondary institutions to develop education and training opportunities and curriculum for health care professionals to increase their awareness of the unique needs of frail seniors in a culturally appropriate and sensitive manner.

33. Provide continuing education opportunities for health professionals, community partners and care providers in areas of seniors' health and wellbeing, injury prevention including falls, disease prevention, and palliative care.

34. Enhance the ability of primary health care providers in all disciplines to identify at-risk seniors and make appropriate referrals to geriatric specialty services.

35. Identify partners and appropriate opportunities to undertake and participate in research initiatives aimed at improving the health of seniors, especially in the areas of health maintenance and illness and injury prevention. Potential partners include research institutes such as those affiliated with universities, Nova Scotia Health Research Foundation, District Health Authorities and other providers/ stakeholders in the system.

36. Encourage and support research to identify best practices in the areas of medication use, behaviour management, and use of alternative therapies with seniors.

Goal 4

Maximizing Independence

In-Home Services

Family Caregivers

Paid Care Providers

Community Supports

An aging population, and the desire on the part of most seniors to remain in the community as long as possible, will intensify the need for additional in-home supports. This Strategy defines "aging in place" as the diverse range of programs and housing options needed to ensure seniors maintain personal dignity and functional independence in their homes, neighbourhoods, or communities for as long as possible. Caregivers (family and friends) and care providers (paid workers) are among the most important resources needed to promote aging in place.

Two compounding and overlapping issues have emerged: First, the increasing need for family and friends to provide care will require more caregiver supports. Second, the decreasing number of family and friends available to provide care will intensify the need for paid and volunteer care providers.

Different approaches are needed to address the concerns raised by caregivers and care providers. For caregivers, the focus of this Strategy is on reducing the burden on existing caregivers, increasing the supply, and providing educational opportunities. (See Appendix C for information regarding programs and supports for caregivers in Nova Scotia)

For paid care providers, the emphasis is on retaining current workers and attracting new ones by improving working conditions and by providing training and professional development opportunities. Recognizing the value of care providers is important for improving the attractiveness of providing care as a career choice.

Meeting the growing demand for homecare services is already strained by a shortage of home support workers – a situation that will be increasingly challenged in the coming years. As well, the supply of in-home services, caregivers, and care providers will be further strained by the increasing prevalence of Alzheimer Disease and other dementias.

The supply of volunteers will be critical to ensuring the sustainability of caregiving services in Nova Scotia. Stronger linkages between home and community supports and long-term care facilities will also be needed in order to fully realize the health, social, and cost benefits of ensuring seniors are able to maximize their independence.

"With the help of family and friends, I trust that I'll be able to live under the same roof for as long as I need it."
– Frances Thompson, 87, Wallace

Goal 4

Maximizing Independence Goal

Seniors enjoy maximum independence with support from family, friends, community and government.

Societal Actions

In-Home Services

1. Explore the development/expansion of new models of sustainable home care delivery that allow appropriate clients to manage their own care.
2. Ensure that health care equipment can be accessed as needed to support independence, help older adults manage their own care and prevent injuries in the home.
3. Enhance and expand in-home supports that promote health and rehabilitation.
4. Support and expand community-based programs that provide heavy housekeeping and light home maintenance services.
5. Ensure the interface between hospital discharge planning and home care services provides prompt and consistent response.
6. Strengthen the ability of communities to provide in-home assistance, such as meal preparation.
7. Support volunteers and not-for-profit organizations, and ensure better coordination of community-based in-home support services.
8. Encourage and support innovative product design and new technologies that extend and support the independence of seniors and assist caregivers, care providers and volunteers.
9. Increase awareness among seniors and their caregivers about the programs and services available, and assist them in accessing the service that best meets their needs.

"You have to make sure it's where you want to be and it's what you want to be doing."

– Charles Fletcher, Bass River, about his decision to leave work to care for his mother who has Alzheimer Disease.

Goal 4

Family Caregivers

10. Provide appropriate education and supports, such as refundable tax credits, in-home assistance, expanded respite care, adult day programs, employment leave benefits, and continued pension benefits, so caregivers (family and friends) can carry out their responsibilities as family members and citizens without compromising their own financial security or health.

11. Expand opportunities for education and training to caregivers to enhance their knowledge, skills and understanding of caregiver issues, and ensure programs are accessible.

12. Empower caregivers by recognizing their role as a vital part of a multi-disciplinary health care team.

13. Expand provisions and benefits that currently relate to childcare to caregivers who provide eldercare, ensuring that the eligibility requirements take into consideration the need for, and increase in, participation by extended family members.

14. Expand day programs for dementia care as well as those that provide socialization, recognizing and accommodating the distinct needs of each group.

15. Support the development of affordable respite care for caregivers offered through a variety of flexible options.

16. Encourage the federal government to amend the Compassionate Care benefit by extending the leave time to 16 weeks and eliminating the restriction that it must be taken in the last six months of life; amend the Provincial Labour Standards code to reflect these changes when they occur.

Paid Care Providers

17. Identify opportunities to increase the supply of care providers.

18. Monitor and respond to labour market information to ensure there is an adequate supply of paid care providers throughout the province to meet the needs of an aging population, paying particular attention to initiatives that improve labour force participation among under-represented segments of the population, which include older workers.

19. Support and encourage community-based professional development programs for care providers who are hired by families on a casual basis to assist frail seniors and provide end-of-life care.

20. Encourage and support opportunities for paid care providers to come together as a group, build networks, share information, and pursue professional development opportunities.

21. Develop standards and monitor compliance to ensure seniors are cared for by qualified individuals in safe, secure and appropriate environments.

22. Recognize the value of care providers, improve their working conditions to increase the attractiveness of providing care as a career choice, and acknowledge the skills and attributes of people who are best suited to this challenging work.

23. Implement measures to minimize the number of different staff assigned to provide care to seniors where possible. (Seniors prefer care providers they are familiar with.)

24. Review the scope of work being done by different care providing disciplines to ensure the best use of resources.

Community Supports

25. Recognize and respond appropriately to the distinct differences in service needs between rural and urban areas.

26. Acknowledge the critical role that volunteers play in providing care to seniors and support efforts to attract and retain these vital volunteers.

27. Support research that helps to identify best practices and new opportunities to provide more effective service delivery to ensure informed decision making.

28. Encourage the creation of a National Eldercare Strategy to enable proper and timely planning.

> "The answers to a sustainable health care system do not lie in increasing the number of costly long-term and acute care beds, or increasing the number of nursing homes in the province. Instead, the health system must supplement and support informal caregiving with more accessible home respite by formal health care providers."
>
> – Norine Heselton,
> Executive Director,
> Alzheimer's Society
> (written response)

Goal 5

Housing Options

Affordable Housing Options

Housing Planning and Design

Seniors prefer to live independently and remain in their own home for as long as possible. Aging in place promotes self-sufficiency, and encourages cost-saving interdependence between friends, family members and neighbours. It offsets social isolation and does not involve costly professional support unless necessary.

The ability to age in place in one's traditional family home is not always possible due to changing healthcare needs, loss of mobility, financial concerns, and home maintenance. Therefore, this Strategy adopts a broader definition: "Aging in place" is the diverse range of programs and housing options needed to ensure seniors maintain personal dignity and functional independence in their homes, neighbourhoods, or communities for as long as possible.

There is a wide range of government programs to help seniors remain in their homes (see Appendix E for a description of programs and eligibility criteria). However, as we look to the future, we know governments will be increasingly challenged to ensure these programs remain sustainable as demand inevitably increases. Finding new, innovative, and collaborative ways to support aging in place requires smart planning, with a mind to developing creative approaches.

Private and not-for-profit developers, as well as public housing providers, need information, education, encouragement and assistance, so that they can create and manage supportive housing that is flexible enough to accommodate aging in place.

Increasing awareness among the general public about the far-reaching benefits of mixed-use, mixed-generation communities will be important for helping decision makers balance the concerns and needs of all residents.

Goal 5

Housing Options Goal

Affordable, accessible, safe and supportive housing options are available to seniors.

Societal Actions

Affordable Housing Options

1. In partnership with the health, housing and corporate sectors, respond to the need for appropriate, affordable and accessible housing options that enable residents to lead healthy, active lives and maintain connections with their families and communities.
2. Develop private/public/not-for-profit partnerships to investigate the viability, assess the level of demand, and implement zoning changes, which may be needed to expand or create a wider range of housing options, taking into consideration the distinct needs of rural and urban areas.
3. Identify the causes of high vacancy rates in certain seniors' apartment buildings and work to overcome barriers where possible, such as renovating outdated buildings, providing activity areas for residents, and improving access to transportation.
4. Provide supports for families whose older relatives choose to live with them, including expanded respite care services.
5. Wherever possible, involve residents of subsidized seniors' apartment buildings in decisions regarding the placement of non-seniors in their building.
6. Develop collaborative relationships between all levels of government, as well as the private and not-for-profit sectors, to ensure building codes, health, fire and safety regulations, zoning, bylaws, management practices, and landlord/tenant legislation reflect the needs of an aging population.
7. Encourage seniors and baby boomers to lend their vocal support to proposed zoning changes that accommodate the needs of an aging population.
8. Continue to respond to rising property taxes, home heating costs and other home-related expenses, including the need for assistive technologies, to help seniors remain in their homes.

"The same people who caused the need for all the school buildings in the 60s and 70s are about to cause the need for greatly increased seniors' housing over the next decade and more. With the rapid decline in student population, many (school) buildings with half their life left will become available all across this province. I believe they should remain public buildings and continue to serve those same taxpayers, albeit in a different manner."

– Robert Parker,
Pictou County
(written response)

9. Inform seniors about the housing options and home improvement programs available to them and ensure that application forms and processes are senior friendly and accommodate visual impairments and literacy levels.

10. Encourage the expansion of community-based volunteer home maintenance services, such as snow shoveling.

11. Identify opportunities and support programs that utilize the skills of retired seniors and older workers in providing home improvements.

12. Encourage developers to select new locations for assisted living facilities, enriched housing, and seniors' apartments that provide senior-friendly environments, which support physical activity and provide access to amenities wherever possible.

13. Address the need to provide pet-friendly public housing and assisted living facilities.

Housing Planning and Design

14. Encourage the private and not-for-profit sectors to design and build affordable housing that is accessible and usable by a diverse population, including persons with disabilities

15. Encourage and support ongoing research into the future housing and supportive care needs of seniors, new building materials and construction methods that maximize efficiency, ensure safety, and reduce building and operating costs.

16. Support research and encourage education and the sharing of best practices regarding the planning, design, and development of housing, care facilities, community environments, and enabling technologies that support the universal design concept and can be more easily adapted to meet the needs of people with mobility limitations.

Transportation

Goal 6

Affordable, Accessible Transportation

Driver Licensing

Rural and Urban Needs

Pedestrian Safety and Falls Prevention

Nova Scotia's population is aging and life expectancy is increasing. Because disabilities increase with age, the need for accessible transportation is expected to grow as greater numbers of older people have to stop driving because of health problems such as dementia, strokes and certain heart conditions. Changing demographics are already leading to a greater demand for a range of transportation alternatives designed to meet the needs of people who can no longer drive. Concerns about road safety will also increase because older seniors are more fragile and therefore more vulnerable to accidents as pedestrians, transit users, and drivers.

The traditional response to the problem of transportation dependency has been for family members to transport people who can no longer drive. But given our mobile and dispersed society, family members may not be available or willing to serve as the primary transportation service for older people. For many Nova Scotia seniors, the same health or mobility factors that made it difficult or impossible for them to continue driving also make it difficult for them to use traditional transportation options. Seniors who are unable to continue driving are often unable to walk to a bus stop, get into a van, travel without an escort, or afford the regular use of taxicabs.

Transportation options can link seniors to the array of activities, services, and social contacts that make life full. The ability to access services and activities has a direct impact on seniors remaining in their homes and communities. Improvements that benefit people with impairments should be viewed as improvements that benefit all passengers and pedestrians. Achieving sustainable solutions that address transportation needs in an era of dramatically increasing demand will depend on the right mix of services, sharing resources within communities, attracting and retaining volunteers, and creating innovative funding solutions.

"Community-based transportation systems should respond to people's needs, not define their needs."

– Alison MacDonald, Halifax

Goal 6

Transportation Goal

Affordable, safe and accessible transportation options are available to seniors.

Societal Actions

Affordable, Accessible Transportation

1. Expand transportation options to meet the needs of an aging population, especially in rural communities, ensuring that a lack of transportation does not prevent seniors from accessing essential services and participating in their communities.
2. Ensure public transportation options are user-friendly in terms of accessibility, routes, schedules and affordability, and are safe for all ages.
3. Examine policies in other jurisdictions to determine the best method for reducing costs incurred by volunteers providing community-based transportation.

Driver Licensing

4. Continue to assess the driving ability of seniors in ways that balance safety concerns while respecting the dignity and independence of each individual.
5. Increase awareness of how certain drugs and drug/alcohol mixtures impact driving ability.
6. Increase awareness of the availability and benefits of safe driving courses and the Seniors' Safe Driving Discount Program.
7. Develop education and awareness programs to encourage older drivers to think about how they will remain mobile if they can no longer drive.

> "We need to start putting 'community' back in community-based transportation."
>
> – Emil Degenhardt,
> Shelburne County

Rural and Urban Needs

8. Explore innovative ways to better utilize the transportation resources within communities.
9. Encourage better coordination, collaboration and sharing of transportation resources within communities.
10. Promote and celebrate best practices for transportation models that service seniors.
11. Promote methods of active transportation (e.g. walking and cycling) and ensure routes are senior-friendly.
12. Identify opportunities to encourage the broader use and development of affordable, alternative forms of transportation such as scooters, golf carts, and motorized bicycles, and investigate the need to provide infrastructure that supports their safe operation.
13. Improve the transportation environment by making signs, road markings and highway design more senior friendly.

Pedestrian Safety and Falls Prevention

14. Improve the safety of streets and walkways, and continue working with community partners to increase awareness among seniors and the general public that most injuries can be prevented through personal and community actions.

> "Transportation services available are often restricted by geography, or restricted for use to get to and from medical appointments only. This does not create an environment that supports participation and health promotion."
>
> – Robyn Stadnyk,
> Assistant Professor,
> School of
> Occupational Therapy

Goal 7

Cultural diversity, Gender Equity, Social Inclusion

Diversity in Information and Services

Respecting Diversity

The more diverse Nova Scotia becomes, the stronger it becomes. Achieving the goal of recognizing, respecting and responding positively to people in all their diversity will help Nova Scotians of all ages successfully live, learn, and work in our increasingly diverse society.

Nova Scotia's Immigration Strategy (released earlier this year) demonstrates how diversity through immigration enriches the social, cultural, and economic life of Nova Scotia. The strategy also points out the demographic and economic challenges that may lead to labour shortages, slowing demand for goods and services, and increasing fiscal pressures in the years to come. "Now, more than ever before, immigration is essential for building Nova Scotia's future."

Immigration can help meet our long-term population, economic, and labour force needs. So, although government and other sectors are already challenged to provide service delivery that accommodates a diverse population, this is a challenge Nova Scotians should embrace, with the hope that our diversity will continue to grow.

Nova Scotia's Human Rights Act is an ally of diversity. In Nova Scotia, people cannot be treated unfairly based on age, race, colour, religion, creed, sex, sexual orientation, physical or mental disability, ethnic, national or aboriginal origin, family status, source of income, political belief, affiliation or activity, among others. Continued defense of these rights is important, and an increasingly diverse society brings new challenges. Perhaps the greatest is the need to ensure that service delivery and information are appropriate, respectful, and able to meet individual needs.

Having access to linguistically appropriate services is vitally important to aging members of Acadian and Francophone communities. The need to have equal access to provincial health care services is a serious concern for members of Nova Scotia's Aboriginal community. Meanwhile, in light of the fact that fully 60 percent of persons with disabilities are not included in the labour force, and the unemployment rate of women with disabilities is double that of men, improving access to the workplace for disabled persons is both a social and economic imperative.

> "Le besoin d'un plus grand respect pour les personnes, et en particular les aînés, qui manifestent une difficulté à s'exprimer en anglais, leur langue seconde; des situations de crise et de stress, toutes personnes s'expriment plus facilement dan leur langue maternelle; un respect pour le milieu culturel et social de ces individus."
>
> – Réseau Santé (French Language Health Network), written response

These are just a few of the challenges we face as a province. But to paraphrase Eleanor Roosevelt, equal justice, equal opportunity, and equal dignity without discrimination are sought in small places – neighbourhoods, schools, factories, farms and offices. "Unless these rights have meaning there, they have little meaning anywhere."

Respecting Diversity Goal

Nova Scotians recognize, respect and respond positively to seniors in all their diversity.

Societal Actions

Cultural Diversity, Gender Equity and Social Inclusion

1. Ensure governments and communities take cultural diversity, gender equity and social inclusion into account when designing legislation, policies and programs for and with seniors.
2. Ensure initiatives for seniors reflect the unique circumstances of Nova Scotia's Aboriginal community, both on- and off-reserve, as well as the traditional customs that Aboriginal community members practice with respect to senior care and inclusion.
3. Ensure initiatives for seniors reflect the unique circumstances of Nova Scotia's immigrant community and respect the range of traditional customs practiced by an array of cultures with respect to senior care and inclusion.
4. Encourage and support activities and programs that enable seniors to learn about cultural differences from seniors of other cultures.

Diversity in Information and Services

5. Ensure that information and services are available to seniors in a culturally appropriate and sensitive manner, recognizing the needs and interests of Aboriginal persons, African Nova Scotians, les Acadiennes/Acadiens and other Francophones, and immigrants from all parts of the world.

"There needs to be more respect for older adults, particularly those who have difficulty speaking English as a second language. In stressful and crisis situations, people find it easier to revert to their mother tongue. Cultural and social values also need to be respected."

– Réseau Santé
(French Language Health Network)

Goal 7

6. Increase the diversity of health and social service professionals and volunteers, and ensure professionals and volunteers working with seniors are sensitive to issues around language, culture, gender and disability.
7. Increase the inclusion and participation of immigrant seniors in social and recreational activities in their families, cultural communities and the mainstream community.
8. Ensure all seniors are protected by the provisions of the Nova Scotia Human Rights Act through appropriately designed and targeted information and services aimed at informing seniors about the grounds of discrimination covered under the Act, and the remedies available.
9. Ensure that policies related to taxation, pensions, and other aspects of income security recognize and address the need for gender equity.
10. Ensure a variety of sectors enact policies that enable those who have disabilities to fully participate in community life.
11. Develop and maintain a master list of interpreters for use in emergency situations.

Employment and Life Transitions

Goal 8

Age-friendly Workplaces

Healthy Workplaces

Employer-sponsored Volunteerism

Life-long Learning

The impact an aging labour force will have on the supply of workers is a serious concern. People have been retiring earlier even though they are living much longer and healthier lives. The combination of Nova Scotia's slowing population growth and increasing rate of retirement will see our labour force growth drop to zero by the end of this decade.

The result is projected labour shortages, which can have far-reaching implications. Higher demand for workers leads to higher wages, which leads to inflation, which places the greatest hardship on people with fixed incomes (e.g. seniors). Increases in interest rates are generally used to combat inflation, which triggers an economic slowdown and reduces government revenues, which significantly challenges government's ability to sustain the social safety net (e.g. health care and public pensions).

Certain sectors in Nova Scotia, such as education and health care, are particularly vulnerable to workforce losses because of the age structure and retirement patterns of their employees. Low workforce participation rates among older workers further compounds the situation. In fact, if Nova Scotia's rates were merely at the national level, the province's labour force would be larger by about 25,000 workers.

On the surface, these problems may seem insurmountable, but they actually present a unique opportunity to make significant economic and social gains. The need to sustain services for an aging population coupled with the increased competitiveness for workers will reinforce the importance of human capital and encourage a more enlightened approach to improving worker productivity. Preventing or responding to chronic labour shortages in the future will involve policies and practices that accommodate workers who have particular physical needs and those who want more flexible working arrangements, time for mid-career learning and volunteering, and childcare/eldercare leave. Compensation, taxation, and benefits contribution practices, business structures, and workplace technologies will need to be adapted to accommodate a smaller, older, and more female workforce. And recruitment strategies will need to target under-represented groups, including older workers, disabled persons, and members of the Aboriginal community.

"Some seniors wake up in the morning and say, 'What am I going to do today'? I'd rather wake up and say, 'I have a job to do today.' "

– Warren Brown,
Dartmouth

Goal 8

The recruitment and retention of older workers will promote human dignity and independence and will help prevent financial hardships that many seniors, especially women, would otherwise face. Accommodating and encouraging an older workforce can lead to better work-life balance and healthier, more accessible workplaces, which means better working conditions for everyone.

Employment and Life Transitions Goal

Workplaces support and encourage the participation, health, lifelong learning and volunteer activities of older workers.

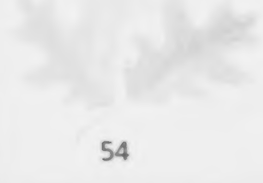
Societal Actions

Age-Friendly Workplaces

1. Encourage employers to recognize the skills, reliability and experience of older workers as a means of maximizing their competitiveness in a changing business environment.
2. Encourage human resource, pension, and taxation policies that support the employment of older workers and create incentives for phased retirement.
3. Encourage both private and public sector employers to track the age profile of their workforce to provide timely information and enable advance planning to address projected shortages.
4. Provide older people with skills and opportunities to enhance their employability, job performance, and life satisfaction.
5. Ensure entitlements for training and promotion are provided to all workers, including older workers, and people who have dropped out of the workforce to care for family.
6. Encourage the development of programs designed to help older people secure more challenging positions, move into new career areas, or supplement their incomes.
7. Collaborate with unions to develop more age-friendly collective bargaining agreements.
8. Meet community needs through the involvement of older workers.

"Mandatory retirement is blatant ageism."

– Dr. Colin Powell, Halifax



9. Foster and promote useful community service opportunities that help economically disadvantaged older workers gain the skills and experience needed to secure meaningful employment.
10. Develop flexible workplace policies that provide older workers with options, such as a reduced work week, seasonal schedule, project-specific assignments, and the ability to work from home.
11. Recognize the contributions of older workers and celebrate outstanding employers of older workers.
12. Encourage more aggressive and imaginative recruiting practices aimed at all age groups, including those targeted at the 50+ market.
13. Cultivate a public service culture built on professionalism, courtesy, and high performance that values continuous, life-long learning, innovation, and self-improvement.
14. Encourage barrier-free design and increase awareness of the availability and benefits of assistive technologies that provide workplace accessibility for older workers and persons with disabilities of all ages.

Healthy Workplaces

15. Help businesses identify affordable ways to create family-friendly workplaces that accommodate the needs of workers with caregiving responsibilities.
16. Reinforce the message that the most competitive companies and economies run on a healthy workforce, and that investing in healthier workplaces can result in better worker performance, improved customer service, higher attendance levels, and more innovation, as well as reduced absenteeism, and improved worker morale.
17. Develop, implement, and encourage work-life-balance policies and increase awareness about the impact that mental health issues, such as stress and depression, have on quality of life, the health care system, and workplace productivity.

Employer-Sponsored Volunteerism

18. Increase awareness about employer-sponsored volunteerism and its benefits to the employee, business, and community.

> "If you need a plumber, call a doctor – it would be cheaper."
>
> – Middle Musquodoboit resident, about travel-related fees that have increased the cost of hiring a plumber because there are no longer any in the community

19. Encourage and support not-for-profit groups in developing the skills needed to identify employer partners, build successful relationships with employers and their employees, and work effectively with employer-supported volunteers.

Life-Long Learning

20. Encourage workplace reforms that promote a culture of lifelong learning.

21. Encourage post-secondary learning institutions to identify and respond to the learning needs of seniors and the aspirations of baby boomers.

22. Develop mentoring and apprenticeship programs that harness the skills and experience of seniors and create cross-generational learning experiences.

Supportive Communities

Goal 9

Volunteerism

Older Adult Education

Rural Issues

Leisure Activities

Working Together

At every Task Force meeting across the province, participants confirmed that the best solutions for an aging population are found in Nova Scotia's strong sense of community. It is therefore appropriate that Nova Scotia's nine Positive Aging Goals conclude with Supportive Communities. The emphasis here is on encouraging and supporting volunteers and not-for-profit organizations, better utilizing existing community resources, addressing the challenges that are unique to Nova Scotia's rural communities, and improving literacy. The Supportive Communities goal and societal actions underscore that our ability to provide positive aging in Nova Scotia will increasingly depend on the economic and social strength of our communities. Our ability to mobilize community support will depend on the strength of our volunteers and on the ability of not-for-profit organizations to attract and retain them.

Supportive communities create a physical and emotional environment that nurtures positive aging, encourages self-care and engages seniors in a variety of activities that contribute to quality of life. Supportive communities are where various sectors and individuals work together to achieve a shared vision. A sense of shared responsibility and belonging are also important for building strong linkages and partnerships among individuals, families, community leaders, community agencies and all levels of government.

Supportive communities ensure that seniors feel safe in their communities and have access to educational, cultural, spiritual, and recreational resources as well as opportunities for paid and volunteer work.

> "There isn't enough money – there never is. Communities have to come together to reach those people who are excluded, isolated, frightened, and scared."
>
> – Charles Fletcher, Bass River

The impact of elder abuse – whether it stems from neglect, physical abuse, sexual abuse, emotional abuse, or financial abuse, violation of human/civil rights – can be devastating. Increased efforts to prevent elder abuse will not only maintain the health and well-being of seniors, but can also provide a true cost-savings to Nova Scotia's health and social systems. *The Nova Scotia Elder Abuse Strategy: Towards Awareness and Prevention* recognizes that the ability to lead the prevention of elder abuse rests with individuals and communities.

Goal 9

Supportive Communities Goal

Seniors have opportunities for personal growth, lifelong learning, and community participation in safe and supportive environments.

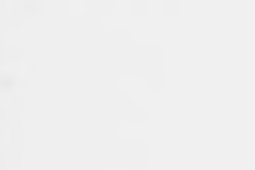
Societal Actions

Volunteerism

1. Continue to value volunteerism among people of all ages to ensure that charitable contributions of time and resources remain a strong and acclaimed characteristic of Nova Scotia society.
2. Encourage volunteering by seniors as a means of enhancing well-being and creativity and of maintaining connections and involvement in a wide variety of community issues that cut across generations.
3. Provide volunteer coordination to match volunteer preferences to available opportunities.
4. Strengthen the capacity of not-for-profit groups to provide community-based services by emphasizing multi-year funding commitments, supporting operating expenses related to program delivery, and supporting the development of strong governance structures and executive leaders.
5. Encourage not-for-profit organizations to recognize and respond to the changing aspirations of volunteers who want to pursue their interests and utilize their skills while making meaningful contributions to their community.
6. Ensure volunteers have access to training, information, and support, and develop policies to minimize their out-of-pocket expenses.
7. Promote and foster community-based volunteer opportunities that complement government-provided services.
8. Train senior volunteers to become supportive mentors to assist their peers in dealing with issues such as loneliness, grief, and physical decline.
9. Provide volunteers with the tools and knowledge they need to identify seniors who are at risk of isolation and ways to encourage them to become more engaged.

"We can't afford to maintain the autonomy of community organizations."

– Larry Horton,
Sheet Harbour



10. Work with the insurance industry to investigate innovative ways to limit liability exposure and identify other cost-saving measures for not-for-profit groups and individual volunteers.

Older Adult Education

11. Expand community-based opportunities for growth, creativity, and lifelong learning.
12. Partner with learning institutions and appropriate community agencies to develop volunteer banks and senior learning centres that advance older adult education opportunities.
13. Provide community-based learning opportunities that reach out to seniors with low literacy, limited knowledge of English or French, and those at risk for health and social problems.
14. Ensure seniors can access programs to help them use modern technologies, such as banking machines, automated telephone systems, computers, and the Internet.

Rural Issues

15. Ensure policy development acknowledges and responds to the particular challenges faced by rural communities.
16. Support research into why particular strategies are effective for some communities and not others and identify community development models that most effectively address the needs of aging communities.
17. Encourage the development of community-based publications that detail the programs and services available to seniors.
18. Encourage research into migration trends, their impact on individual communities and the effectiveness of initiatives aimed at creating or sustaining healthy communities.

Safe Communities

19. Expand the RCMP Seniors' Safety Programs to ensure services are provided in all regions of the province.
20. Ensure Seniors' Safety Program coordinators have the resources they need to expand their role and recruit community partners.
21. Expand community-based seniors' check-in services to identify and maintain contact with at-risk seniors in emergency situations, such as severe storms and power outages.

> " Telling their stories gives seniors a sense of 'I am, I lived, and my life made a difference to so many people.'"
>
> – Carol Boudreau, New Minas, about the Grandparents International Storytelling Circle

22. Create a "help line" that can properly assess a caller's situation and link seniors to appropriate services or programs.

23. Develop a coordinated response and implement the strategic actions required to prevent and intervene in elder abuse situations, specifically those identified in the *Nova Scotia Elder Abuse Strategy: Towards Awareness and Prevention*.

Leisure Activities

24. Encourage and facilitate participation in leisure, active living, social and cultural events for seniors by identifying opportunities for community-based partnerships and maximizing the use of public facilities, especially in rural communities.

25. Support the continuation, expansion, and development of formal and informal social networks for seniors, such as recreation activities, social clubs, and faith groups.

Working Together

26. Increase the awareness of the value of seniors in Nova Scotia communities and the need to prepare for the projected growth of seniors in the population.

27. Assist communities in identifying the areas they need to improve in order to become "senior ready," using their own community standards.

28. Support and encourage cooperation, partnership building, and the sharing of resources and information among stakeholders including community organizations, faith groups, district health authorities, community health boards, family resource centres, seniors' organizations and all levels of government.

29. Encourage seniors' organizations to continue to bring forward issues, concerns, and ideas on behalf of older Nova Scotians.

30. Promote innovative service delivery approaches, celebrate best practices, share information and ideas, and inspire new programs and improved delivery models.

31. Encourage the establishment of affordable services in the community such as home maintenance programs, grocery shopping, meal preparation, and housecleaning.

32. Partner with stakeholders to develop guidelines for seniors who hire services privately.

> "I think we have the community resources, we just don't have them connected right."
>
> – Gordon Michael, Halifax

PART TWO:

Context and Background

"Research into aging is critical, and there's a world of knowledge that can be used to shape our future."

– Jane Phillips, Librarian, Seniors' Secretariat
Shown in the Secretariat's Information Resource Centre

Celebrating Seniors

"Ability is what you're capable of doing. Motivation determines what you do. Attitude determines how well you do it."

– Lou Holtz, 68, Football Coach

"The longer I live, the more I realize the impact of attitude on life. Attitude, to me is more important than facts. It is more important than the past, than education, than money, than circumstances, than failures, than successes, than what other people think or say or do. It is more important than appearance, giftedness or skill. It will make or break a company …a church …a home. The remarkable thing is we have a choice everyday regarding the attitude we will embrace for that day. We cannot change our past …we cannot change the fact that people will act in a certain way. We cannot change the inevitable. The only thing we can do is play on the one string we have, and that is our attitude …I am convinced that life is 10 percent what happens to me and 90 percent how I react to it. And so it is with you …we are in charge of our attitudes."

– Charles Swindoll, 71, Pastor and Author

Introduction

Celebrating Seniors is about changing attitudes. The attitudes we, as a society and as individuals, have about aging and old people greatly influence our ability to achieve positive aging in Nova Scotia. Our attitudes determine our ability to preserve the dignity and self-esteem of seniors and promote a culture of respect that values their contribution to family, friends, community, and our province.

The importance of 'celebrating seniors' is reflected throughout the Strategy - in the Vision, Guiding Principles, and in all of the nine Positive Aging Goals. By helping Nova Scotians understand aging issues and develop more positive attitudes toward seniors, our province will be better able to ensure:

- Seniors are able to assume responsibility for maintaining their health, manage their lives in a community setting in accordance with their preferences, and pursue opportunities for personal fulfilment wherever possible.

- Health and other support services are flexible and sensitive, and respectful of personal privacy and individual values, preferences, and spiritual and cultural beliefs.
- Family and friends are supported so they can continue assisting seniors to remain as independent as possible.
- Barrier-free environments are widely available to accommodate all ability levels.
- Affordable housing and transportation are accessible, safe, and provide services that meet varying ability levels and care needs.
- Communities throughout Nova Scotia encourage the full participation of seniors.
- Workplaces value the contributions, skills and talents of older workers.

While retirement can be viewed as 'free' time, a well-deserved 'rest,' and a 'reward' for many years of hard work, our society tends to view a lack of participation as unproductive, or worse, an economic drain. The lack of a defined role for seniors is becoming more of an issue as the number of disability-free years of old age increases. This is not to suggest that seniors must change involvements in which they are currently engaged, but those who are inactive and unengaged represent significant resources that are currently under-utilized. Furthermore, the physical and mental health benefits of active living and community involvement are well documented. So although participation among seniors can take many forms based on diverse interests and abilities, increasing involvement among seniors can bring significant social and economic benefits. Furthermore, segregating seniors from the rest of the population stifles interaction between generations, and fuels misconceptions about aging. Supporting and encouraging intergenerational activities that provide meaningful contributions to the community is therefore a vital component of positive aging. (See Good Idea - Fruit Picking and Preserving Project in Part Three)

It is also important to note that continued contribution to family and community life is not limited to healthy, fully cognitive seniors. Opportunities exist within care facilities to engage cognitively impaired seniors in a variety of activities. (See In the News - Shiretown Minstrels Entertain and Enjoy in Part Three) To highlight a few other ideas, residents can serve as reading tutors to nearby school children, they can call latchkey kids when they're home alone, or make and sell items in support of school or charity fundraising activities.

Many residents are capable of volunteering for non-profit groups, and some may want to do 'chores' that they enjoy, such as raking leaves. Self-identity can be maintained by having the talents and accomplishments of residents featured in facility newsletters or celebrated in a variety of ways.

And above all, we should never lose sight of the importance of simply having fun. (See In the News - Hantsport's Happy Hatters in Part Three) If we need medical justification, researchers in Maryland, U.S. recently demonstrated that laughter expands the tissue that forms the inner lining of blood vessels and increases blood flow, which reduces the risk of cardiovascular disease. [4]

Statistical Highlights

- 68 percent of Nova Scotia seniors lived with family members in 2001 (62 percent with their spouse, and six percent with extended family)
- 30 percent of seniors in Nova Scotia lived alone in 2001
- 52 percent of seniors in Nova Scotia were widowed, seven percent were divorced and seven percent had never been married (2001)
- 72 percent of people age 55-64 were married, while 14 percent were divorced (2001)
- 95 percent of Nova Scotia seniors live at home in owned or rented accommodations in 2005. Of these, 70.4 percent live in a home owned by themselves or a family member, and 20.3 percent rent their accommodation from the open marketplace, while non-profit seniors' apartments house 4.1 percent of seniors.
- Four percent of seniors (5,700) live in licensed nursing homes, and less than one percent live in licensed residential care facilities.

Eliminating Ageism

The *Discussion Paper for Positive Aging in Nova Scotia* was released on Oct. 20, 2004. The next day, a newspaper printed a story about the discussion paper along with a picture of a group of seniors sitting in wheelchairs in the common room of a nursing home. As noted previously in the statistical highlights, seniors who live in nursing homes account for only four percent of the senior population, yet this is the image that is most often portrayed. This is an example of ageism - one of the most pervasive obstacles to seniors' full participation in society.

Ageism, a term coined by Dr. Robert Butler in 1969, is a process of systematic stereotyping and discrimination against people because they are old. Ageist attitudes are based on distorted or inaccurate information. The consequences of ageism are similar to other forms of discrimination in that a group of people who are subjected to a negative image tend to adopt the image and behave in ways that conform to the image. Ageist attitudes tend to perpetuate myths about seniors as being forgetful, intellectually rigid, asexual, and unproductive. None of these are true.

Cognitive impairment (e.g, memory loss, disorientation, or confusion) is not an inevitable part of the aging process. In fact, studies have shown that there is little or no decline in everyday short-term memory among healthy seniors. Age also has little or no impact on the ability to learn. In fact, the long-held belief that seniors perform slower and worse than younger people was recently proven wrong by psychologists from McMaster University in Ontario. A study published in February, 2005 discovered that the aging process actually improves certain abilities: Older people appear to be better and faster at grasping the big picture than their younger counterparts.[5] In other words, significant learning and memory problems are due to illness, not to age.

Assumptions that sexuality is unimportant in later life have also been disproved. The majority of persons past 65 continue to have both interest in and capacity for sexual relations. Several studies have found that the capacity for having satisfying sexual relations usually continues into the 70s and 80s for healthy couples. In fact, one of these studies, *The Starr and Weiner Report on Sex and Sexuality in the Mature Years* (1981), demonstrated that the frequency of sexual activity among 800 healthy men and women age 60 to 91 matched the level of sexual activity reported by 40-year-old men and women who had participated in an earlier study.

With respect to productivity, seniors contribute enormously to their families, often through direct financial contributions in the form of substantial loans and gifts, and in important and valuable in-kind contributions, such as childcare. Seniors also contribute enormously to the quality of life in Nova Scotia communities, to our economy, and they are the backbone of the voluntary sector. Of the seven percent of Canadians that contribute more than 73 percent of all volunteer hours, the majority of them are seniors. And although younger seniors (age 65 to 74) volunteer more than those 75 and over, the older seniors actually contribute more hours. [6]

These are just a few of the myths perpetuated by ageist attitudes. There are many others and, when left unchallenged, they have significant consequences. When seniors themselves accept and conform to the negative and inaccurate images associated with aging, they "act old" even if this behavior is out of character. This can result in a loss of self-identity, the reduction of social and physical activities and a reluctance to seek appropriate medical treatment. A loss of self-esteem also leads to seniors accepting poverty, abusive situations, and depression.

The broader consequence of ageism is that by devaluing seniors, a vital resource is lost. Seniors possess a vast amount of knowledge, experience, and skills that are needed to sustain and improve the social and economic strength of Nova Scotia communities.

Social Isolation

Much of the current literature on social isolation is based on an assumption that older people who live alone are isolated and lonely, but many seniors who live alone do so very successfully. For seniors who enjoy a home that is entirely their own, and being in full control of their daily activities and environment, "living on their own" is a more accurate description than "living alone."

Furthermore, social gerontology has debunked myths about the growing number of abandoned seniors. Researchers have adopted the phrase "intimacy at a distance" to describe the fact that seniors, as well as their children, prefer to live independently while maintaining close and intimate ties with one another. The vast majority of seniors live near at least one child and have contact on a frequent basis, and most seniors have extensive social networks. "A focus on individualism and on youth has not translated into a society of isolated and alone seniors." [7]

However, it is important to remember that although social isolation affects a minority of seniors, numerous Task Force participants expressed serious concerns about the number of lonely seniors in rural communities. Seniors who are lonely and have a lack of social contact tend to be frail and in poor health. And while social isolation and social loneliness are experienced by both senior men and women, these experiences are a greater burden for women because they are three times more likely than men to be widowed, and twice as likely to live alone.[8] Furthermore, although many people assume the answer lies in engaging seniors in group activities, sometimes even participating in social activities does not remove all loneliness.

Summation

The attraction of seniors' full participation in society was well captured by M.L Hadley in remarks to a workshop on Designing Meaningful New Volunteer Roles for Retired Persons, hosted by the University of Victoria in 1997. Although the focus of Hadley's speech was on volunteerism, these same thoughts can be used to emphasize the value of seniors' contributions in a wide range of family and community activities:

> "Themes of self-worth and the common good have emerged as central to today's discussion. Volunteerism, many have observed, has little to do with being a 'do-gooder'. It is about valuing the person, and increasing the value of social and human resources; it is about self-esteem, freely sharing one's talent and wisdom; it is about being valued, not paid; it is about empowerment, growth and creativity; it is about enhancing the community's quality of life. It is also about having fun in the process.... The third stage or 'Troisieme Age' of human development...is a time when we can give back to society the lessons, the wisdom and resources that we have derived throughout our long and productive lives...this Troisieme Age is a special period when we can deepen our wisdom and personal sense of spiritual identity. Whatever emphasis each of us might place on this stage of life, our full engagement implies an enhancement of the common good."[9]

Financial Security

Introduction

Financial security at retirement determines quality of life. In Nova Scotia, 15 percent of seniors live below the Low Income Cut-off (LICO). The same percentage of non-seniors also live in poverty – a fact that should help to correct misconceptions about seniors being disproportionately poor or disadvantaged.

It is important for this Strategy to address today's reality and to counter beliefs that are based on outdated statistics because efforts to improve the financial situation of today's and tomorrow's seniors will need to:

- Focus on providing for those who are most in need
- Understand why certain groups are disadvantaged
- Identify the best options for long-term change
- Improve the ability of low and modest income people to save for retirement
- Acknowledge the limitations of retirement savings plans, and eliminate disincentives that have resulted from certain taxation policies.

The aging of the baby boom generation is projected to account for a near doubling of expenditures on the federal retirement income system. Now is the time for Canadians to think about the future of retirement income and the kind of retirement income system we want. Unfortunately, the complexity of the pension system makes this a challenging task. Consider clawbacks, partial indexation, annuities, means testing versus income testing, tax deductions versus tax credits, not to mention refundable tax credits versus non-refundable tax credits. There is little wonder why even some economists and actuaries get confused.

Consider also that economists, actuaries, and researchers often disagree about future directions and even present circumstances. Although many use income comparisons to demonstrate the financial situation of seniors compared to non-seniors, others, like Malcolm Hamilton at William M. Mercer Ltd., claim that income is not a good measure of economic well-being, particularly for seniors, and that seniors can have significantly lower incomes than younger Canadians and yet enjoy a similar standard of living.[10]

Hamilton defends his position by noting that younger households often support children, devote a higher portion of their income to acquiring capital (e.g. home, cars, furniture, appliances), have employment-related expenses (union dues, day-care, commuting costs), save for retirement, contribute to the Canada Pension Plan and Employment Insurance program, and pay significantly higher taxes. In other words, whether seniors are or are not more financially vulnerable, cannot be accurately determined by straightforward comparisons of income.

Hamilton's conclusion is that our retirement system (both public and private) claims seniors need to replace 70 percent of their employment income to maintain their standard of living, when in fact the number is closer to 50 percent.

By contrast, Ellen Gee at Simon Fraser University claims that Canada's public pension system is designed to replace 40 percent of pre-retirement income, which is much less than other OECD countries such as Sweden, Norway, Belgium, Iceland, Austria, and Germany, which range between 60 and 80 percent. "We are not a big spender in public pensions; we can spend more without creating a crisis. It would help, though, if measures to increase the productivity of our labour force could be found – this will alleviate much of the future costs of the elderly. Efforts in that direction, rather than ways to cut pensions, are a preferable policy direction."[11] (The need to increase labour force productivity is addressed in more detail in the Employment and Life Transitions section of this Strategy.)

Statistical Highlights

- Average incomes for individual seniors in Nova Scotia ranged from a low of $18,200 in Guysborough County to $30,800 in Halifax (for seniors aged 65-74); the range for seniors 75 and over was $16,400 in Guysborough County to $28, 300 in Halifax in 2002
- In 2005, a full Old Age Pension (OAS) payment and a full Guaranteed Income Supplement (GIS) provided a single senior with an income of $12,439, and a couple with an income of $20,168; a total of 5,728 (four percent) of seniors in Nova Scotia relied exclusively on OAS and GIS as their only source of income.

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- 44 percent of Nova Scotia seniors receive the GIS, compared to about one-third nationally

- Nova Scotians age 75 and over derived more than half (54 percent) of their income from public benefits in 2002; while 32 percent came from private pensions, 13 percent from investments, and a modest one percent from employment; compared to seniors aged 65-74 who derived 46 percent of their income from public pensions, followed by private pensions (35 percent), investments (10 percent), and employment (10 percent).

- Of the 18,000 seniors living below the LICO in Nova Scotia, 72 percent are unattached women. In fact, 45 percent of all unattached senior women live below the LICO.

- Since 1980, the percentage of unattached senior women and unattached senior men living in poverty in Canada has dropped by 27.6 and 44.4 percent respectively

- 52 percent of Nova Scotia seniors were married in 2001; 34 percent were widowed; seven percent were separated or divorced; seven percent had never been married

- 28 percent of the paid workforce in Nova Scotia (107,100) earned less than $10.00 an hour in 2003. Of that number 38 percent were males and 62 percent were females

- The participation of women aged 25 to 54 in the workforce reached a record high of 81.6 percent in 2004 – up 40 percent since 1976 [12]

- Less than one-half of employed Canadians are covered by an occupational pension plan.

- 33 percent of Canadians aged 44 to 64 are not saving enough for retirement, and therefore, will not have the same standard of living in retirement as they had before.

Canada's Income Security System

The Canadian model of income security has succeeded in reducing or preventing poverty for most retired individuals and households, and global comparisons show it is relatively inexpensive. Canada's income security system is often described as 'three-tiered', with a public social security component funded by general revenues (OAS, GIS, SPA, Veterans Allowance and provincial/territorial supplements); a publicly-administered, contributory component funded by a flat payroll tax (CPP); and a semi-private (i.e. tax subsidized) occupational pension and retirement savings component funded by employer, employee and/or individual contributions (RRSPs). (See Appendix C for program descriptions and eligibility)

But although successful, compared to the rest of the world, Canada's income security system needs improving. In fact, some of the income support programs have a negative impact on those they are designed to help – low-income Canadians. The Guaranteed Income Supplement (GIS) has a clawback of 50 per cent of the benefits, and it affects one-third of GIS recipients who are paying income tax, despite the fact that only people with low incomes can qualify for GIS in the first place. A recent CD Howe Institute report, *Making it Pay to Work: Improving the Work Incentives in Canada's Public Pension System*, notes that the GIS clawback encourages early retirement among seniors who can least afford it. Those most affected are at the lower end of the income scale – those for whom a few more years of employment would provide a welcome boost to their standard of living in retirement.[13]

As well, the impact that RRSP income has on the GIS clawback is also a source of contention. For illustration, suppose that Ms. X contributed $2,000 per year to an RRSP from age 60 to 65. Her annual income was under $20,000. Now retired and widowed, she receives the GIS. She also withdraws $1,000 per year from the RRSP. Based on that $1,000 income, she pays the federal government $250 in income tax (25 percent rate). Furthermore, $500 is clawed back from her GIS payment (50 percent). In twelve years, the $3,000 she earned in RRSP tax credits (also at the rate of 25 percent) while age 60-65 compares poorly to the $9,000 she loses because of the RRSP.[14]

Furthermore, many provincial assistance programs are income-tested, so in some cases, low-income seniors face a marginal tax rate of over 100 per cent on their GIS benefits. This means that by receiving the benefit, they actually lose money. Recommended remedies include reducing the clawback rate from 50 percent to 25 percent, and gradually removing the overlap between receiving the GIS and paying income tax. But the irony is that the complexity of benefit programs and the way they interact has become so complicated that low-income seniors are those most in need of financial advisors.

As well, the impact that RRSP income has on an individual's eligibility for a wide array of income-based assistance programs is also considered to be one of the reasons an increasing number of Canadians age 50-59 are making RRSP withdrawals prior to retirement.[15]

The authors of a paper prepared for an international conference in 2004, *Use of Retirement Savings Before Retirement in Canada*, note that 39 percent of people age 20 to 59 who have an RRSP made at least one withdrawal from 1993 to 2001. Among people age 50-59, there was an 83 percent increase in the total amount withdrawn prior to retirement. Close to 20 percent of those 50-59 who withdrew funds from their RRSPs took out $10,000 or more. The paper notes that several "life events" are linked to the need for these funds, including separation/divorce, the death of a spouse or partner, and the loss of a job, but more research is needed to determine the reasons behind the withdrawals and their long-term financial impact.[16]

The moral of this story is that although Canada's RRSP program is a good program for many people, it is not the best alternative for everyone. Financial advisors emphasize that the longer the investment, the greater the benefit. So for those who are less than 10 years from retirement, are in a low-income bracket, and anticipate an annual income of less than $31,920 in retirement, saving outside an RRSP is seen as a better option.

Poverty: Progress and Proper Comparisons

Low Income Cut-off (LICO) is defined by Statistics Canada to represent the income level at which families are considerably worse off than average. In these situations, a substantial proportion of family income is spent to provide essentials such as food, shelter, and clothing. The LICO is generally referred to as the poverty line. LICOs are set for various situations in Canada, factoring in the size of a community because it is more expensive to live in areas with higher populations.

Caution is advised when looking at poverty rates among seniors and how they have improved. Both before and after taxes numbers are being used to describe poverty rates, but they give different pictures of the same situation.[17] For instance, the National Advisory Council on Aging used after taxes numbers to report in 1998 that 21 percent of Canadians 65 and older (21.1 percent of unattached women, and 17.4 percent of unattached men) live below the

LICO. In this Strategy, and in the *Seniors Statistical Profile* produced by the Nova Scotia Seniors Secretariat (www.gov.ns.ca/scs), before taxes calculations have been used. However, when income before taxes is measured, the equivalent figures are 44.4 percent for unattached women, and 35.1 percent for unattached men.

The reason for using before taxes numbers is because this is how poverty rates were calculated in 1980; therefore, 1980 figures that show 72 percent of unattached women and nearly 61 percent of unattached senior men lived below the poverty line cannot be accurately compared to today's after tax numbers of 21.1 and 17.4 respectively, even though the after taxes numbers provide a more accurate portrayal of the situation.

Regardless of which measure is used, significant progress has been in made in reducing poverty and improving real living standards among seniors in the past two decades. However, the greatest burden of low income in old age is still carried by unattached women – those who are separated, divorced, widowed or never married.

Senior Women

Senior women's low income is largely the result of the accumulation of lifelong disadvantage due to lower earnings from paid work, more frequent interruptions to their employment, and the greater extent to which they have been primarily responsible for unpaid work. Women have had less chance to prepare economically for their retirement and had less access to private pensions and other benefits. Together these factors have led to greater poverty among older women (especially those who are unattached) than their male counterparts.

Although women's earnings relative to men's have increased gradually over the past few decades, a gender earnings gap remains. In 1967, women in full-time, full-year employment in Canada earned, on average, 58.4 percent of that of men. In 1997, this ratio had increased to 72.5 percent.

Numerous participants at Task Force on Aging meetings spoke about the financial challenges faced by unattached senior women. Studies that have examined the incomes of Canadian women by marital status show that widowed and separated/divorced senior women should be the focus of public concern because, compared to those who have never married, they are the poorest among unattached seniors. Reforms in the Canadian pension system

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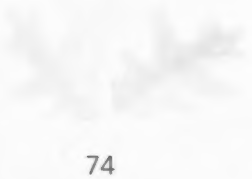
are needed, however a SEDAP report *The Economic Legacy of Divorced and Separated Women in Old Age* notes that any remedy short of remarriage is "a complicated issue that requires the orchestration of a number of federal and provincial laws..."

"The Canadian pension system was developed to support a 19th century male industrial worker who supports a family, a model that no longer applies to the majority of Canadians. The current pension system does not mirror the complexity of women's lives in terms of their multiple transitions in and out of the labour force, their institutionalized lower earnings, their unpaid work and the changes in individual and family lifestyles. Any improvements that are made to the public and private pension system have to begin with a revised vision of the life course in order to reflect the actual lives of Canadian women if they are to prevent poverty successfully." [18]

Widowhood also contributes to the poverty rates among senior women. In Canada, widows outnumbered widowers four to one in 2001. In fact, widows accounted for 45 percent of all senior women. With increased longevity compared to men, women live alone for considerable portions of their lives. A Statistics Canada report, *Widowhood: Consequences on Income for Senior Women*, shows that between 1990 and 2001, the standard of living declined continuously for senior women who became widowed, while remaining constant for their married counterparts. (Five years after they were widowed, income had declined by 9.8 percent.) More widows also fell below the LICO. (Five years after widowhood, 9.4 percent were living below the poverty line – almost three times higher than the proportion of women who were in low income in the year before they were widowed.)

The report also notes that 64 percent of senior women experience a decline in their family income after widowhood – for those in low-income situations prior to the death of their husbands, income dropped by 5.6 percent; for those in a middle-income situation, the drop was over 12 percent; and for those in a high income situation, the decrease was almost eight percent.[19]



Are Boomers Better Off?

Most literature states that baby boomers, as a group, will be more financially secure in retirement than previous generations of seniors. Although this is statistically true for the generation as a whole, it does not apply to all. Those who will be financially secure include:

- Well-educated men with steady, life-long employment in full-time, well-paid, professional and managerial jobs with pensions and RRSPs (primarily Older Boomers).
- Well-educated, married women who entered the labour force while raising children or shortly after, and who have had reasonably steady, well-compensated full-time professional and managerial employment in public sector jobs (teaching, health and social services and business).
- Well-educated, ever-single women with lifelong careers in public sector or corporate jobs, whose patterns of pension coverage are similar to men's.

Those who may not be so fortunate include:

- Life-long low-income earners, those with frequently interrupted attachment to the labour force, and those with non-standard jobs. This includes workers displaced in later middle age by structural unemployment; and some Generation Xers, particularly men, who have had difficulty obtaining the good jobs that were filled by the Older Boomers.
- Women who will be widowed or separated/divorced in later life, and do not have enough financial resources in their own right to avoid a drop in living standards.
- Women who have been described as the "transition generation" – those who are currently in their middle years, and although they have participated in the paid work force in record numbers, they have often been unable to accumulate significant retirement savings, and will therefore be largely dependent on government income security programs.[20]

As noted earlier, women living alone are at greater risk for poverty than those who are married or living common law. It is therefore important to point out that baby boomers are about 19 percent less likely to live in a couple household in midlife than their parents were.

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What We Heard

Other recommendations raised by participants of Task Force on Aging meetings include:

- Improve communication to better inform seniors about income entitlements and financial assistance programs available to them. In the absence of information about eligibility, many seniors fear the application process and rumours or unfounded speculation replace facts.
- Improve communication to better inform women, who had children after 1958 and interrupted their careers, about the child-rearing drop-out provision that can be applied to CPP entitlements to ensure they receive full benefits.
- Encourage the federal government to expand the CPP grace period to include caregivers who interrupt careers to provide eldercare.
- Support the rights of grandparents as they relate to those who are raising grandchildren and investigate ways to address the need for greater financial assistance. (In 2001, "skip generation" households impacted a total of 56,700 Canadian grandparents – one percent of all grandparents who were raising 25,200, or four percent of children under age 14.)

Health and Well-Being

Pressures on public health expenditures are inevitable with an aging population. The impact that the current and projected numbers of seniors (see Quick Facts section) will likely have on the health-care system is significant. But given that the Baby Boom generation will not reach its period of frequent health-care usage for many years to come, costs are expected to rise gradually over time. However, projections point to concerns about the cumulative impact of these increases.

Nova Scotia's health care system currently accounts for $2.5 billion – 47.9 percent of all government spending. The overall cost of healthcare in Canada is projected to rise about 1.4 percent each year because of population aging. This assumes no new services or procedures, only population aging in today's health care delivery system. This is also over and above any effects inflation and increased service demand may have. And although it may not sound like much, it means that the total health care bill is projected to rise 63 percent over the next 35 years.[21]

Aside from anticipating and planning for future increases in health care costs, Nova Scotia is currently carrying the burden of high chronic disease rates. Compared to other provinces, unenviable health-related statistics rank Nova Scotia as having the:

- third lowest life expectancy from birth (78.9 years)
- second highest rate of lung cancer mortality per 100,000 population (56.2)
- third highest rate of breast cancer mortality per 100,000 population (25.8)
- highest rate of all primary site cancer incidence per 100,000 population (439.3)
- second highest percentage of the population reporting probable depression (8.7)
- second highest prevalence of diabetes (6.5 percent for people over 20; more than 20 percent for those aged 70-79)
- second highest percentage of the population reporting their health is only fair or poor (13.8)
- highest disability rate - 20.1 percent of people 15 years and older report difficulties with daily living activities. (The Centre for Chronic Disease Prevention and Control has concluded that chronic disease accounts for 87 percent of disability.)

Balancing Acute and Chronic Care

Task Force participants spoke about a perceived imbalance between acute and chronic care, claiming too much emphasis is given to treating acute and episodic illnesses. However, the Centre for Chronic Disease Prevention and Control notes chronic illnesses are responsible for a far greater share (67 percent) of direct health care spending in Canada.[22] The difficulty comes in managing chronic conditions, such as asthma, lung diseases, diabetes, heart disease and depression, in a healthcare system that is more attuned to providing acute care. The "tyranny of the urgent" tends to outweigh chronic health issues.[23]

In Nova Scotia, chronic diseases account for almost three-quarters of all deaths, and are the leading cause of premature death and hospitalizations. [24] Relative to the rest of the population, seniors are more likely to suffer from chronic conditions, be limited in their daily activities, and have illnesses that require hospitalization. On average, per capita spending on health for seniors is almost five times greater than for other age groups. Moreover, people 85 and over account for about triple the per capita health care dollars of people age 45-64 and about nine times that of those under 40.

Although hospitalization among seniors is triple that of the age group 45-64 years, end-of life care and the last years of life care currently represents a small percentage of the overall health care budget (about 10-12 percent is spent on acute health care costs in the last year of life)[25]

In other words, as people live longer, they spend a greater portion of their years after 65 in ill health. And although more ill seniors seem to justify the need for more services, research shows that despite the rising numbers of ill seniors, it is actually healthy seniors who account for the most significant increases in healthcare use. (Healthy seniors accounted for a 57.5 percent increase in visits to specialists and a 32 percent increase in non-specialist visits between 1971 and 1983, compared to only 10 and nine percent increases respectively for unhealthy seniors.)[26; 27]

Primary Care: Interdisciplinary Teams

Although most researchers agree that an aging population will result in higher demands on health care services and greater costs to the system, many suggest that the impact can be managed by changing the way the system is organized. Because of the high rates of chronic illness in Nova Scotia, the difficulty of managing these diseases in a health care system that is more attuned to acute care, and the rapidly growing number of seniors, alternative and sustainable methods of community-based service delivery are needed. In a recently published study, *Is There Time for Management of Patients with Chronic Diseases in Primary Care?*, researchers concluded that "current practice guidelines for only 10 chronic illnesses require more time than primary care physicians have available for patient care overall. Streamlined guidelines and alternative methods of service delivery are needed to meet recommended standards for quality health care."[28]

Among the alternative service delivery models receiving a great deal of attention from health care renewal advocates is the interdisciplinary care team approach. (See Good Idea – Council Highlights Team Approach in Part Three) The report of the Nova Scotia Advisory Committee on Health Care Renewal in 2003 stated that "the preferred future for primary health care providers is the interdisciplinary collaborative team, where the core team includes the family physician, family practice nurse, pharmacist, nurse practitioner, social worker, dietician, the appropriate public health provider, and midwife." The report also noted that "the way teams are organized and accessed should reflect the needs of the population and will therefore be different in different communities." [29]

The *Primary Health Care Renewal* report also recommended that the "training of new primary health care providers reflects the desired models of primary health care." (For an example, see Good Idea – Team-Building Initiative in Part Three, which highlights a US-based training model that focused on interdisciplinary and multicultural interactions.)

A recently released policy paper by British Columbia physicians, *Working Together: Enhancing Multidisciplinary Primary Care in BC*, also highlights the benefits of developing community-based care teams, such as better coordinating care, optimizing the use of health care resources, and improving patient outcomes. The paper also notes that research literature which has focused on seniors with chronic illnesses demonstrates reduced costs in the hospital sector, as well as cost savings because allied health professionals act as lower-cost provider substitutes in team-based settings. However, most of the research examines the role of nurse practitioners and physician assistants. There is a lack of research on the cost effectiveness of other allied health professionals working in team environments.[30]

Mental Health

The Seniors Mental Health section of the *Nova Scotia Department of Heath's Standards for Mental Health Services*[31] notes that the majority of seniors cope well with physical limitations, cognitive changes and loss. Mental disorders are not a part of "normal aging." Most mental health disorders are no more common in seniors than they are in non-seniors, but others, such as dementia, delirium, and depression are more common among seniors.

Furthermore, when mental health problems occur with seniors, these problems are often unrecognized and untreated, which often leads to increased mortality, increased physician visits, and worsening prognosis for other medical conditions. Participants at Task Force on Aging meetings echoed these concerns, noting that seniors are often prescribed medications for physical conditions when they actually require treatment for mental disorders.

Mental illness affects between 12 and 20 percent of seniors. This number rises dramatically to between 70 and 90 percent of seniors living in long term care facilities. (See Good Idea – Eden Alternative in Part Three as an example of a care facility model that has been shown to reduce depression and anxiety among residents.) Depression also affects approximately 46 percent of caregivers due to the lack of information about mental health, local support groups and community-based health services, such as home care and respite care.

The *Standards for Mental Health Services* report notes there are significant challenges associated with managing mental illness in seniors because symptoms often differ from younger adults and access to services may be restricted by the availability of services in rural areas and the availability of transportation. The *Standards for Mental Health Services* recommends "access to specialized seniors services be available across the province through a network of interested professionals addressing issues of education, advocacy, service coordination and the provision of support for complex cases."

The Department of Health is currently working on the province-wide implementation of the seniors mental health program – a client and family-centred, community based outreach/out-patient/inpatient service aimed at ensuring the mental health needs of seniors are understood, identified and responded to at the appropriate service level. Health promotion, early intervention, and education in seniors' mental health are also key elements of the program.

Rising Drug Costs

Drug coverage is another area where increased expenditures are inevitable with an aging population. About 84 percent of seniors take some form of prescription or over-the-counter medication, with pain relief ranking as the most commonly used drug. Premiums were introduced in the Nova Scotia Seniors' Pharmacare Program in 1996. The full 2005-06 premium is $390 per year. The premium is either reduced or waived for about half of the 95,000 seniors enrolled in the program. Program participants also pay a co-payment amount of 33 percent, to a maximum of $30 per prescription, capped at $350 annually. The Department of Health strongly urges seniors to call 1-800-544-6191 toll free or 429-6565 in the Halifax area to find out about their eligibility and costs associated with joining Pharmacare.

Nova Scotia was the first province in Canada to introduce a policy of generic drug substitution. All provincial drug plans have since implemented this policy. But although generic substitution provides safe and effective drug therapy while at the same time coping with rising costs, the budget for the Nova Scotia Seniors' Pharmacare Program increased by $16.7 million in 2005-06, bringing the total government expenditure for seniors' Pharmacare to nearly $120 million a year. Despite these increases, Task Force participants spoke about the need to cover more drugs, including certain cancer treatments that are covered while in hospital, but not upon discharge. Participants suggested this inequity creates an incentive for doctors to keep patients in hospital – a more costly alternative than providing drug coverage.

Senior-Friendly Service Delivery

Because seniors are remaining in their own homes longer, and are often supported by an equally elderly spouse or partner when illness strikes, there is a growing demand for service delivery standards that accommodate their needs. Areas of improvement include the timing of tests or visits to a specialist, especially in rural areas, as well as receiving information in an understandable format (often related to literacy levels), and having to make repeated visits for tests and/or enduring long waits in settings that can be confusing and uncomfortable for seniors.

Health and Well-Being

The Department of Health's new information management system is helping to address concerns about system-wide sharing of health information. And a recently launched website provides a centralized process for addressing unequal wait times for surgery and diagnostic tests. In Nova Scotia, this coordinated approach will also provide the kind of information needed to identify barriers to timely care. Other progressive health initiatives include the Integrated Stroke Strategy and the Hospice Palliative Care Project.

Progress being made in expanding the number of nurse practitioners across the province was also well received by Task Force participants, many of whom spoke very positively about this new direction. And although some communities expressed concerns about finding a family doctor, recruitment initiatives have significantly improved access in recent years, giving Nova Scotia the highest doctor-patient ratio in Canada.

The Government of Nova Scotia's implementation of the Cost of Care initiative received notable praise from Task Force participants. Covering the health-care cost for people in long-term care facilities was part of the government's *Your Health Matters* plan for better health care, released in 2003. The $42-million Cost of Care initiative was announced in April 2004 as part of the 2004-05 budget. Policies were released in early December 2004, and the initiative was fully implemented on Jan. 1, 2005. The significant change to the way long-term care is funded and how residents pay for it, along with other program changes, have greatly improved independence, fairness, equity, and choice for people who require long term care.

Overall, the Department of Health's mission criteria: "an integrated, community-based and sustainable health care system," is consistent with comments received during Task Force consultations. However, a focus group of healthcare professionals in Annapolis Valley recommended the following for improving service delivery for frail seniors. "A frail-friendly health care system respects frail patients and hence does not reject them (e.g. the pejorative label "bed blocker"). It develops appropriate care (e.g. management of mobility, medication, incontinence, etc.). It emphasizes prevention of hospital-induced problems (e.g. delirium, pressure sores, de-conditioning). It restores professional providers' pride in their work. In essence, it is respectful of patients and their families."

The Valley focus group also urged the Department of Health to investigate ways to provide a navigator comparable to that provided by Cancer Care Nova Scotia, which would be "particularly advantageous for delirious patients entering into the health care system."

Continuing Care Framework

The prevalence of Alzheimer Disease and other dementias increases dramatically with age – affecting fewer than three percent of those 65-69, but almost 30 percent of those ages 80-89, and between 40 and 50 percent of those 90 and older.[32] Longer life expectancy means more cases of Alzheimer Disease and other dementias, which means an increase in the need for geriatric assessments, respite services, and specialized long-term care units. With the number of seniors receiving care projected to increase, the role of long-term care facilities is currently undergoing a major review.

Policy topics being addressed through the Department of Health's continuing care consultations include the types of care long-term care facilities need to provide, how these facilities will be integrated with other services in the community, and how these facilities will cope with the more complex and specialized care needs of dementia patients.

Combined with the need to increase the availability and level of service provided through home care, the consultations will help determine how long-term care fits into the changing care landscape. These extensive consultations will assist in the development of a Strategic Framework for Continuing Care. Scheduled for release in 2006, the Framework will outline the short- and long-term plans for how the province delivers continuing care services. It will advance a government agenda to promote independence and choice in a properly regulated and sustainable environment, while also recognizing that in-home supports and long-term care facilities are a vital part of the whole health and social care system, and are invaluable to the individuals who rely on them.

Furthermore, because the disability rates among the general population of Nova Scotia are relatively high, the Framework will also need to factor in the growing need for home-care and continuing care programs, in particular the need to expand home and community-based rehabilitative therapies.

Hospice Palliative Care

In 1995, a Special Senate Committee on Euthanasia and Assisted Suicide released a report entitled *Of Life and Death*. After an extensive examination of controversial viewpoints on either side of the assisted suicide issue, the Senate Committee concluded that the most pressing need and first order of business should be to ensure hospice palliative care services provide quality end of life care. In June, 2005, an update report called *Still Not There, Quality End-of-Life*

Care: A Progress Report highlighted progress that had been made since 1995, and emphasized the need for greater integration between education, training and research on end-of-life issues, and the need for better communication between patients and physicians. The report acknowledged that most seniors want to know the prognosis, but this needs to be balanced by sensitivities, such as differing views between young and old seniors, and cultural values that may dictate a more family-centred approach.

Sexual Health

Health Canada reports that one in five AIDS cases were people aged 50 and older, up from one in nine in 1994. This considerable increase is cause for concern and suggests a growing need for programs aimed at informing seniors about the prevention of sexually transmitted infections, including HIV and Hepatitis C. A written submission to the Task Force from the Nova Scotia Advisory Commission on AIDS, notes that:

- Seniors are sexually active, especially if they enter a new relationship.
- Since birth control is usually no longer an issue, the issue of condoms does not usually come up.
- Many seniors come from an era where their sexual life pre-dates HIV/AIDS and thus they do not see this as being an issue for them.
- Women in general, and their physicians are not always aware of the risk and the symptoms of HIV infection in women.
- Sharing needles for diabetic medications can increase in frequency with a the reduction of income and can increase the risk for spreading blood borne pathogens.
- It can be easier for married bi-sexual men to explore their sexuality outside the marriage, after their children are grown up and the sexual relationship with their spouse is less active. However, this type of exploration can put both partners at greater risk.

Promoting Overall Health

On the positive side, most seniors report their overall health status as relatively good even when living with one or more chronic diseases. Seniors are more aware than in the past of the need to lead healthy active lives to maintain wellness and good functional ability and many strive to do this. In fact, 50 percent of Canadian seniors are engaged in regular physical activity and another 12 percent occasionally take part.

Nova Scotia Health Promotion (created in December 2002) became the first government body in Canada solely dedicated to promoting health and preventing illness and injury. The goal is to affect a societal shift, change people's attitudes about health, focus on injury and illness prevention, and enable people to lead healthier lifestyles. Promoting the health of seniors is a priority for Nova Scotia Health Promotion, as demonstrated through a commitment to expand the Physical Activity Strategy to include seniors, develop an inventory of Active Living programs for seniors, develop a Falls Prevention Strategy, and continue to support the Nova Scotia 55+ Games.

The importance of health promotion activities has been emphasized throughout this Strategy by highlighting a number of opportunities to encourage active transportation, prevent falls, enhance healthy workplace policies, and provide leisure and physical fitness programs in a variety of community settings.

Nova Scotia Health Promotion is also providing leadership and coordination for the implementation of the Nova Scotia Chronic Disease Prevention Strategy. As mentioned previously, chronic diseases such as cancer, diabetes, heart disease, or arthritis severely diminish quality of life and lead to premature death. They are estimated to cost Nova Scotia taxpayers more than $3 billion each year. But much of the suffering and expense can be prevented – up to 40 per cent – by addressing healthy lifestyles and other factors, such as income, education, and environments.

The preface of this Strategy notes that increases in life expectancy are hard-won victories. They represent centuries of progress that gave us improved nutrition, good public health, medical advancements, and a strong economy to support them. Health promotion is the next evolution - an enlightened approach that brings new opportunities for progress. Health promotion is one of the most viable tools against the growing toll of ill health, death and disability from chronic diseases. With the creation of Nova Scotia Health Promotion, our province is leading the way in creating supportive environments for health action and effective illness and injury prevention. Empowering seniors to take control of their own health, and ensuring that healthy alternatives become easy and automatic choices for all Nova Scotians is essential for our health and well-being.

Maximizing Independence

Introduction

More than 2000 years ago, Aristotle wrote about the importance of home as the place for meeting essential needs, and that humans, for all their individualism, are ultimately dependent on one another. These concepts still hold true today, and, as our population ages, they are becoming increasingly important.

The desire on the part of most seniors to remain independent as long as possible will create a need for additional health and social services supports. This, combined with the decreasing number of family caregivers, will intensify the need for paid and volunteer care providers and caregiver respite. We must plan now for how to best accommodate the needs of seniors in a way that is good for them, for their caregivers, and for our province.

The 2002 "Romanow Report" identified home care as "the next essential service," noting that it is "one of the fastest growing components of the health care system. Services that used to be provided exclusively in hospitals, doctors' offices, clinics, or long-term care facilities now can be provided in peoples' homes." The report further notes that "for some people, especially seniors or people with disabilities, it means they can maintain their independence. The costs of home care are generally lower than keeping people in hospital. Based on a major Canadian project known as the National Evaluation of the Cost-Effectiveness of Home Care, there is growing evidence that investing in home care can save money while improving care and the quality of life for people who would otherwise be hospitalized or institutionalized in long-term care facilities." [33]

The 2002 "Kirby Report" noted that "the need for home care will become a major challenge as the baby boomers age, average life expectancy rises, health care delivery becomes both more de-institutionalized and more technologically complex, and as work and social patterns decrease the availability of informal care-giving by family members." [34]

Different approaches are needed to address issues facing family caregivers and paid care providers. For caregivers, the focus of this Strategy is on reducing burden, supporting existing caregivers, increasing supply, and providing educational opportunities. For paid care providers, the focus is on increasing supply, retaining current workers, and providing training.

Linking Home Supports and Long-Term Care

Long-term care facilities can be a resource for local communities, providing outreach services as well as short-term and respite care. They are also resourceful – finding new ways, open to innovation and new ideas. With the number of older people receiving care projected to increase, the role of long-term care facilities and home care services are currently undergoing a major review. Policy topics being addressed through the Department of Health's Continuing Care Consultations include the types of care provision home care and long-term care facilities need to provide, how these services will be integrated with others in the community, and how these services will cope with the more complex and specialized care needs of dementia patients.

These extensive consultations will assist in the development of a Strategic Framework for Continuing Care. Scheduled for release in 2006, the Framework will outline the short- and long-term plans for how the Province delivers continuing-care services. It will advance a government agenda to promote independence and choice in a properly regulated and sustainable environment, while also recognizing that in-home supports and long-term care facilities are a vital part of the whole health and social care system, and are invaluable to the individuals who rely on them.

Statistical Highlights

- Because people are living longer, the duration of family ties today is greater than ever before. Among Canadians born in 1960, 60 percent will have a surviving parent when they are 50 years of age, compared to 49 percent of those born in 1930 and just 16 percent of those born in 1910.[35]
- The number of seniors needing care assistance is expected to double in the next 30 years. The number of senior women in Canada with no surviving children could increase by as much as 50 percent by 2031, compared to 2001. This results in a likely reduction in the availability of family caregivers, which would increase the need for paid care providers. This is further compounded by a projected increase in the proportion of disabled persons 65+, which is expected to rise from 36 percent for females and 28 percent for males, to 54 percent, and 45 percent respectively.[36]
- The number of caregiving households has tripled since 1987, and is projected to almost double again by 2007. In fact, a full 70 percent of Canadian baby boomers expect to care for a family member in the near future.

- Women make up 61 percent of caregivers – 64 percent of them work full-time, while 42 percent of them are raising children under 18.
- Over 80 percent of all women aged 24-54 are now in the paid workforce, compared with 52 percent in 1976.[37]
- Employed women are just as likely as unemployed women to provide unpaid care to seniors (20 percent) and slightly more likely than women who are not in the workforce (18 percent). However, of those providing unpaid assistance for 10 hours per week or more, only two percent of employed women provide this level compared to four percent of unemployed women and four percent of women not in the workforce.[38]
- The pool of caregivers is diminishing: Smaller family sizes mean there are fewer children to care for aging parents. The out-migration of young people in rural areas has created greater distances between family members. The increase in the divorce rate (38 percent of marriages end before the 13th anniversary) and the number of people who choose not to marry means there are fewer spouses or partners to assume the role of caregiver.
- The ratio of home support workers to clients in Canada was 1:17 in 2001. The ratio is expected to be 1:23 by 2006 and 1:35 by 2026. This represents an increase of 35 percent between 2001 and 2006, and an additional 52 percent jump from 2006 to 2026. These findings indicate growing pressures on the home care system in future years.[39]
- Currently, home support worker wages average $7.90 per hour in Atlantic Canada.[40]

In-Home Services

The three basic functions of home care have been defined as:

- Maintaining the ability to live independently and preventing health declines that would lead to institutionalization
- Providing services to clients who would otherwise be institutionalized (e.g. long term care facility)
- Providing services to clients who would otherwise have to be in an acute care setting (e.g. hospital)[41]

The *National Evaluation of the Cost-Effectiveness of Home Care* defines home care as "services provided in the home or in the community to individuals with functional disabilities and to their families. These services can range from home support, such as a few hours a week of simple housekeeping, to full nursing and medical care, such as administering intravenous medications which were previously done only in hospitals. Home care is also provided on a short-term basis to assist people who are discharged from acute care hospitals. In addition, home care can provide palliative care, respite care and other related services to those in need."[42]

What We Heard re. In-Home Services

- Home care is experiencing a growing demand for services at the same time it faces a critical human resources shortage.
- Clients are unable to access some of the services they need, e.g. light housekeeping is available but 'heavier' tasks, such as cleaning the oven are not.
- Clients are concerned about the number of different staff who are assigned to provide care, and prefer a familiar face wherever possible.

Family Caregivers

"Caregivers are unpaid, not because they are worthless, but because they are priceless." Although the source is unknown, this quote concisely captures the importance of family members and friends who provide care to ailing seniors and people with disabilities.

The first of its kind in Canada, Caregivers Nova Scotia is dedicated to providing information and practical supports to more than 85,000 caregivers across the province. The Association defines a caregiver as someone who gives unpaid care and support to family or friends. Caregivers are spouses, children of all ages, parents, in-laws, siblings, partners, extended family members, and friends. Caregivers give care in their homes, in care facilities, and from a distance. They have a special relationship with their care receiver.

Caregivers are the cornerstone of our health care system. The Canadian Caregiver Coalition estimates that family caregivers save the health care system over $5 billion a year and that the work they provide is equivalent to more than 276,000 full-time employees.

A report on the VON project, *Learning to Listen-Listening to Learn: A New Way of Caring for Caregivers*, notes that "although providing care to a family member can be a rewarding and fulfilling experience for some, for others, when the demands of caregiving exceed their capacity to cope, the result is stress, declining health, financial loss and mental anguish."

The report further notes that a "true partnership" is needed between caregivers and health care providers. "The caregiver and health-care provider view themselves as equal 'partners in care' and decision-making is shared. It is well documented in the literature that striving for this type of relationship will produce better outcomes for the caregiver." [42]

What We Heard re. Family Caregivers

Appendix D provides a list of programs and supports for caregivers in Nova Scotia and applicable eligibility. Among them, are Compassionate Care Benefits administered through the federal Employment Insurance Program. Caregivers Nova Scotia and many participants at Task Force meetings cited the following drawbacks to the Compassionate Care Benefits program:

- Those not eligible to receive the benefits include caregivers who are not in traditional jobs (seasonal, contractual or self-employed), those who have not worked at one job for longer than three months, those who do not have 600 insurable hours.
- The definition of "family member" is too restrictive because it does not include siblings, grandparents, grandchildren, aunts/uncles, friends, same sex partners, etc..
- Benefits extend for six weeks only.
- A benefit of 55 percent of an individual's salary, coupled with a wait period of two weeks with no salary, limits those who can take advantage of the program, which is especially prohibitive for low-income earners.
- Earnings from retirement income, an employment pension, military or police pension, CPP or provincial plan based on employment, may affect the Benefit.
- People who received Compassionate Care and regular benefits within the same taxation year, may be required to repay some or all of the regular benefits.
- Those who quit work to care for a gravely ill family member are not guaranteed to receive the Benefit.

- Supports for families providing palliative care are not available across Nova Scotia.
- Rural families' requirements are often different due to limited health services.

Other Concerns Expressed at Task Force Meetings Include:

- Respite programs need to acknowledge the unique challenges in rural communities, e.g. the distance residents need to travel to access amenities and services often means respite programs that provide four to eight hours per week are used up with mostly travel time alone.
- Eligibility requirements for publicly funded home care need to accommodate the needs of modest income people.
- Respite programs need to be flexible enough to meet the diverse needs of caregivers.
- Caregivers need to be formally recognized as a critical component in the delivery of health care, and those who have sacrificed employment require financial assistance.
- Financial supports need to address the burden of costs associated with obtaining medical devices and other essentials (e.g. incontinence supplies) that would otherwise be provided in a long-term care facility.
- Representatives of the Nova Scotia Advisory Council on the Status of Women noted that the Caregiver Tax Credit does not recognize that caregivers are disproportionately women, homemakers or retired, older, and have a lower- and middle-income. The situation is described in a report called *Policy Options to Support Dependent Care: The Tax/Transfer System*, which notes that the "non-refundable character of the Caregiver Tax Credit, combined with the low incomes of female caregivers, has the anomalous result that only one percent of tax filers can use the credit, and 75 percent of these are male." [43]

Compensating Caregivers

A report called *Financial Compensation versus Community Supports* assessed different types of compensation programs and found that:

- Offering tax benefits was a less complex and more efficient way to provide compensation to caregivers compared to implementing a range of supportive services; (Note: for tax benefits to have any value, the caregiver must be paying income tax or be able to transfer the tax credit/deduction to someone who pays income tax. Or they must be made "refundable")
- Although the self-managed care approach (funds are given directly to the individuals who hire their own care providers, including family and friends) is desired by many people, it does not meet the needs of people of all ages; it raises issues about the availability of human resources, and many older people do not want to be responsible for managing their care needs.
- Direct compensation to caregivers in the form of a caregiving allowance "offers an alternative approach to support the care provided by informal caregivers without redressing family obligations for support."
- Among the caregivers surveyed in the study, 30 percent of Atlantic Canadians identified financial compensation as a support that would be useful in continuing their caregiving relations, compared to only between 11 and 14 percent who supported this in other provinces. Those who were separated or divorced and under the age of 65 were also more likely to favour compensation.

The authors of the report noted that although "it is clear that the health care system cannot afford to compensate caregivers for the 80-90 percent of the informal support provided in the community, meeting the needs of caregivers will facilitate their continued involvement in the caregiving relationship." The authors therefore recommended targeting compensation programs at those who need it most, and using a pilot program to measure effectiveness.[44]

Self-Managed Care

In the self-managed care approach, funds are given directly to the individuals who hire their own care providers, including family and friends. A report comparing the model across the 30 member countries of the Organization for Economic Cooperation and Development (OECD) urged governments that may be considering the creation or expansion of this approach to consider the broader, long-term economic impacts. The report notes that giving seniors a budget or cash benefits to pay caregivers can help tap into a wider source of human resources where there are shortages of paid care providers. On the other hand, maintaining a "functional market" for paid care providers is "essential to allow relatives of older persons in need of care to maintain their attachment to the normal labour market."

The authors warn that payments for caregivers can risk creating "incentive traps" that attract caregivers away from the normal labour market, due to the combined effect of payments, taxes, unemployment benefits and other transfer incomes. And after having been away from a normal job for a while, it can be difficult to return to paid work.

The study suggests carefully targeted policies focus on "the growing number of healthy and active senior citizens (who) represent a potentially very valuable resource." And finding the best way of nurturing this potential, by shifting the task of providing care away from working-age children and towards able seniors (spouses, neighbours and others in the local community) "may well prove to be key to achieving fiscal sustainability."

The report further notes that costs are projected to rise to 13-16 percent of Gross Domestic Product by 2050 in countries like Denmark, the Netherlands, and Sweden, which have the most expanded public coverage of long-term care (including payment for caregivers). This sum is "more than twice the total public spending on education from nursery schools through to universities." Policies that fully compensate the work of all informal caregivers by public payments would lead to cutbacks in other social spending and raise the burden of taxes and would thereby "compromise social cohesion." In other words, create animosity between age groups. "Therefore, countries are well advised to carefully consider the sustainability of systems when introducing new measures today and to carefully target support for informal care to where it is most needed." [45]

As a final note on the complex and sometimes controversial issue of self-directed care, highlights of an innovative cost-effective solution that has been operating successfully in the United States for nearly 30 years have been provided in this Strategy.[46] (See Good Idea – Nursing Home Without Walls in Part Three)

Work-Life Balance

Sixty-three percent of caregiving women and 77 percent of caregiving men, aged 45-64, are employed.[47] Among caregivers who are employed, the burden of these responsibilities has been shown to adversely affect job costs (e.g. reduced working hours, increased absenteeism, disruption or termination of employment, and the refusal of career advancement opportunities), as well as personal costs (reduced leisure time and lack of rest, and financial expenditures and greater stress). Research also shows that daughters tend to provide help with transportation, housekeeping, shopping, cooking, care when ill, and personal care, while sons are more likely to provide home repairs and yard work, decision making, financial advice and financial support. The increase in labour force participation among women suggests the burden of providing care among employed people will become increasingly common.[48] This will lead to increased demand for formal care providing services and other supports, such as adult day programs. Balancing work and life responsibilities is covered in more detail in the Employment and Life Transitions section of this Strategy.

Balance in Research

A report called *Work and Eldercare: Reciprocity Between Older Mothers and Their Employed Daughters*[49] makes an interesting and important point about the misperceptions regarding eldercare that are perpetuated by unbalanced research. The authors conclude that "what is missing from the current research is a consideration of the contributions that older parents make to the lives of their employed adult children. Older parents are frequently perceived in the research as being dependent, frail, and reliant on the goodness of their already 'burdened' caregiver." The report goes on to note that there is ample evidence showing "parents are more likely to give assistance to their adult children than they are to receive help from them." The reciprocal nature of family relationships is far more complex than most research suggests – even when a young adult "refills the empty nest," parents provide assistance to their "boomerang kid," but they also benefit from having their adult child in the home.

Paid Care Providers

Staffing issues such as recruitment, retention and training are of key importance among care providers. Ensuring a high standard of care and support for clients, while at the same time dealing with a shortage of home support workers is challenging providers to meet a steadily increasing demand for these services.

The *Canadian Home Care Human Resources Study* (2003) notes that shortages in the home care sector are linked to a general shortage of nurses in Canada. Focus group participants indicated that, with the nursing shortage, home support workers are replacing health care aides in institutional settings, which limits the availability of home support workers in the home care setting.[50]

The study focused on addressing the underlying causes of home care worker shortages, citing a survey that identified "having more respect for home care workers" as one of the top three ways that working conditions could be improved. Home support workers also said the most frequent difficulties they faced were unsanitary conditions in houses (43 percent), lack of cooperation from the client (33 percent), and verbal abuse from the client or the informal caregiver (20 percent).

The need for stability also ranked high. About one-third of home support workers were in full-time positions, about half were in part-time positions and the remaining 11-18 percent were in casual employment. The study recommends improving stability by reducing casual labour, but notes that some workers value the flexibility of casual employment. Improved training would also help home support workers address the increasingly complex care needs of their clients.

What We Heard re. Care Providers

Other recommendations that were raised at Task Force meetings are:

- Promote the contributions and value of home support workers.
- Increase the opportunities for care providers to come together for conferences and professional development seminars.
- Expand opportunities for career advancement and encourage the development of a professional association for home support workers.
- Review the scope of work done by different care providing disciplines to ensure the best use of resources, e.g. an O/T working with a mental health client could assist him or her with meal preparation.

Maximizing Independence

- Expanding access to community-based rehabilitation services (e.g. physiotherapy, occupational, recreation therapy) in clinics and through home care to ensure seniors maintain their mobility and independence and remain actively engaged in community life.

Alzheimer's Disease and Other Dementias

Dementia is a growing concern around the world. The incidence of dementia in Canada has been estimated at 21.8 per thousand for women and 19.1 per thousand for men.[51] The prevalence increases sharply with age and threatens to transform dementia into a health care crises in the world's aging population.[52] Alzheimer's disease (AD) is the most common form of dementia, accounting for between two-fifths and four-fifths of all dementia cases. AD and other dementias affects fewer than three percent of those 65-69, but almost 30 percent of those ages 80-89. Among women age 90 or older, between 40 and 50 percent are affected.[53]

Family members often play a key role in providing care, especially in the early stages of a disease that brings the slow and distressing decline of a loved one. Persons with advanced dementia require constant and specialized home care and medical services. Although it is well known that the stress of caring for persons with dementia increases the risk of poor health for the caregiver, it is critical that we understand the factors that affect caregiver stress so that appropriate supports can be provided to help caregivers maintain their role.

A Volunteer Crisis?

Volunteers are an integral part of the health care system, particularly in providing care and support to seniors and persons with disabilities. In light of the fact that we are currently experiencing the first generation of organized, publicly supported home care that is based in the community rather than with extended family members, the need to maintain an adequate supply of committed volunteers has become critical in recent years and will be further challenged as the population ages.

The ratio of volunteers providing a variety of supports to home care clients is projected to decrease from the current 12:1 to 6:1 by 2046 - a drop of 50 percent.[54] Efforts to increase the number of volunteers should give consideration to the type of people most likely to be volunteer caregivers. A study, *Caregiving Volunteers: A Coming Crisis?*, shows that when compared to average community volunteers, caregiving volunteers tend to be:

- Older (an average age of 64)
- Mostly women (78 percent)
- Retired (70 percent) - those who were still working (25 percent) tended to provide part-time care, averaging 28 hours per week
- Have less formal education (40 percent had university degrees, compared with 70 percent of average community volunteers)[55]

The report also notes that providing care to seniors and disabled persons is "a demanding type of volunteering because it requires that people volunteer during the day and be available at regular times on an ongoing basis. Those who undertake this type of volunteering are clearly committed to it." (See the Supportive Communities section of this Strategy for more details on volunteer issues.)

Housing Options

Introduction

Seniors prefer to live independently and remain in their own home for as long as possible. Aging in place promotes self-sufficiency, encourages interdependence between friends, family members and neighbours in the community, offsets social isolation and reduces the need for professional support. Maintaining friendships, familiar shopping, entertainment, and community supports enhance quality of life, personal control, and dignity.

Most people think of "aging in place" as remaining in their homes. However, changing healthcare needs, loss of mobility, financial concerns, home maintenance, and increasing property taxes can present significant obstacles. Therefore, this Strategy adopts a broader definition: "Aging in place" is the diverse range of programs and housing options needed to ensure seniors maintain personal dignity and functional independence in their homes, neighbourhoods, or communities for as long as possible.

A wide range of government programs are available to help seniors remain in their homes. (See Appendix E for a description of programs and eligibility criteria). Among these is the Senior Citizens Assistance Program, which provides grants of up to $5,000 for lower income applicants over the age of 65 who would like to remain in their own homes but cannot afford the necessary repairs. Task Force participants recommended improvements to the program that would reduce wait lists and increase the maximum household income threshold amounts to allow more people to access the program. As well, participants noted the complexity and inflexibility of the program made it difficult to apply and qualify.

In December 2004, the provincial government invested an additional $2.7 million to fund repairs for 1,600 people who were on the waiting list. And again this year, in November 2005, another $2 million was invested. The income threshold was also increased to enable more seniors to qualify.

Programs like this and others support aging in place. As we look to the future, however, we know demand will inevitably increase and governments will be increasingly challenged to ensure these programs remain sustainable. Finding new, innovative, and collaborative ways to support aging in place requires smart planning and creative approaches.

Nova Scotia's residential construction industry and municipal planners need to take steps now to ensure future housing design, construction and community planning accommodate the needs of all phases of life. Private for-profit and non-profit developers, as well as public housing providers, need information, education, encouragement and assistance, so that they can create and manage supportive housing that is flexible enough to accommodate aging in place.

It is also important to acknowledge the value of a comprehensive Mount Saint Vincent University study that will greatly contribute to evidence-based planning in Nova Scotia and across this region. Announced in February 2005, the $1.2 million research project called *Projecting the Housing Needs of Atlantic Canadians*, is currently bringing together seniors, academics, service providers, housing developers and government departments to determine how to meet the housing needs of Atlantic Canada's rapidly aging population over the next 20 years.

The Project has produced a database containing detailed projections of the need for seniors housing based on the variables of age, wealth and health state. The database can be accessed on the project's website www.ashra.ca and may be used to generate projections of housing needs within individual communities or larger geographic areas. The projections are available for each of the 73 individual Forward Sortation Areas (FSAs) used by Canada Post, which are indicated by the first three digits of the postal code. In addition to the data for each postal code, the database may be manipulated to compile data from several FSAs making up a community or a region. A provincial profile on Nova Scotia will also be housed on the site, providing projections for the province as a whole.

As an example of the information contained in the database, it is projected that 16,416 Nova Scotians 50 years of age and older will require "institutionalized care" by the year 2026. This represents a 150 percent increase over the 6,536 beds currently available in licensed nursing homes and residential care facilities. In addition, there will be 3,325 individuals with very limited financial resources, who will need a high level of assistance and personal care support, and therefore would benefit from access to affordable assisted living. If affordable assisted living is not developed by 2026 to meet this need, it is likely that these individuals as well will need to be placed within a licensed long-term care facility.

Statistical Highlights

- The large majority of Nova Scotia seniors living in a private household live with their family (62 percent with spouse or common law partner, six percent with extended family, two percent with non-relatives); however, 30 percent of seniors live alone.
- The vast majority (95 percent) of Nova Scotia seniors live at home in owned or rented accommodations (70 percent own, 20 percent rent from the private market, four percent live in non-profit seniors apartments). Less than one percent live in licensed residential care facilities and four percent live in licensed nursing homes. The vast majority of Nova Scotia seniors live at home in owned or rented accommodations.

Linking Housing and Health

It is important to reflect on the relationship between health and housing. When the living environment is affordable and appropriate, seniors are more likely to remain healthy and independent. The challenge is to strike a balance between providing "overcare" (more care than is needed) and too little care (inadequate supports to respond to individual needs and circumstances). Achieving balance between the two is best done through a wide range of in-home services (see the Maximizing Independence section of this Strategy), and by ensuring affordable and supportive housing alternatives are available.

As one US-based report notes, "overcare" is most likely to occur when seniors are faced with too few options either because options are unavailable or are unaffordable. When a change in health or mobility renders the current residence inadequate, without alternatives, the next and rather drastic step is a long-term care facility. The report also notes that although this move anticipates future health-care needs, it provides expensive services above the current level of need. Furthermore, overcare can lead to feelings of helplessness, which negatively affect mental and physical health, which in turn leads to the need for increased care. In other words, overcare becomes a self-fulfilling prophecy. [56]

Universal Design

Universal design is different than accessible design. Accessible design means creating products and buildings that are accessible and usable by people with disabilities; whereas universal design means creating products and buildings that are accessible and usable by everyone, including people with disabilities. Accessible design has a tendency to create separate facilities for people with disabilities, but universal design provides a single solution that can accommodate people with disabilities as well as the rest of the population.

Universal design also means giving attention to the needs of older people as well as young. For instance, a ramp leading to the front entrance of a house makes the home accessible to a person in a wheelchair and a frail senior, as well as a mother pushing a baby stroller, or a teenager with a broken leg. Similarly, installing a light switch lower on the wall makes it accessible to a senior in a wheelchair as well as a child. And bathroom walls that allow for the installation of grab bars not only help prevent falls among seniors, they are also handy for bathing small children. It is far less expensive to install wood framing around a bathtub at the time of construction to enable the future addition of a grab bar, rather than ripping out the wall and tiles or shower enclosure after the fact.

A growing interest in universal design is based on the realization that many products and environments were not designed with older people in mind. Like every other sector in our society, the challenge for Nova Scotia's residential construction industry is to consider the aging process in the design of products and environments. Universal design also presents opportunities for economic development. The design, creation and production of consumer products that are easier for everyone to use can improve Nova Scotia's competitiveness in world export markets.

There are two ways to approach the growing need for universal design in residential construction: Governments can mandate it through strict building codes and other regulatory measures, or governments can promote the business benefits and encourage entrepreneurs to embrace the opportunities. (See Good Idea-EasyLiving Homes and Good Idea – Lifetime Homes in Part Three) The first would likely be met by minimum compliance; whereas the second could lead to innovative product and building design and construction methods. A balanced approach would generate the best results.

Mixed-Use Communities

Increasing awareness among the general public about the far-reaching benefits of mixed-use, mixed-generation communities will be important for engaging citizens in planning and development efforts, and for helping decision makers balance the concerns and needs of all residents.

In many municipalities, zoning laws create obstacles for those trying to remain in their neighbourhoods as they age. In some cases, zoning restricts seniors from converting a garage or building a basement apartment to provide space for a caregiver. Children of seniors face the same problems trying to convert their homes to accommodate an aging parent. Single-family zoning also prohibits accessory apartments and garden suites.

Creating mixed-generation neighbourhoods ensures that valuable links between generations are maintained. For instance, young mothers often need childcare, while seniors need transportation to the doctor or store; teenagers need after school employment, while seniors need help with small chores around the house. As well, seniors often act as crime watchers during the day while their neighbours are at work. Unfortunately, the residents of many such neighbourhoods often protest minor zoning variations or proposed seniors' housing developments. Opponents express concerns about lowering property values. But "a well-designed development that responds to the scale and character of the neighbourhood has been shown to have no adverse impact on property values." [57]

The desire to avoid expensive conflicts can also lead developers to build in less desirable locations where local residents are less likely to put up a fight. As a result, the seniors who live there are concerned about safety issues, or refuse to move to these buildings, choosing instead to sacrifice other essentials in order to pay higher rents or meet the costs of home maintenance.

A report prepared by the Federation of Canadian Municipalities in November 2004 cites the shortage of affordable housing as being among the most pressing issues facing Canada's urban areas. The report notes these challenges are compounded by increases in rents and a drop in the construction of rental housing. [58]

The report echoes the Federation's earlier call for a National Affordable Housing Strategy. But in the meantime, it is important to note that municipal councilors are elected officials who strive to balance the concerns of their constituents. Seniors and other advocates for affordable housing need to have their voices heard when local development proposals are being debated. Balanced debates can help improve seniors' access to a variety of supportive housing options.

What is Supportive Housing?

Supportive housing fills the gap between independent living and facility-based care. Supportive housing meets the needs of seniors who may want some security or help with daily tasks, but do not require regular nursing care. Task Force participants spoke about the need for housing that offers independence with options for support, and many expressed a desire to remain in their own community when they do move from their home to a more supportive environment.

The option of living in the same home as their adult children and grandchildren is not popular among Nova Scotians, but the six percent who do represent double the Canadian figure of just three percent. Furthermore, this option is often not viable, given the mobility of our population, the out-migration of young people in rural communities, and the increasing labour force participation of women, who are primary caregivers. However, existing housing and support models need to respond to a diverse population with personal and cultural values that may dictate a more family-centred approach to caring for aging relatives. The following housing options therefore need to be encouraged because they offer a broader range of alternatives to suit different needs in different communities:

Shared Housing

This is an arrangement by which a senior opens his or her home to another person wishing to share the accommodation and provide support and companionship. The home provider and home sharer are matched by a community agency. Although the advantage of home sharing is providing affordable living within existing housing stock, there are no known home sharing agencies currently operating in Nova Scotia.

Accessory Apartments

Often referred to as "in-law suites," these apartments are built into existing homes for seniors who wish to live close to, but not with, their adult children. These apartments are often illegal, and officials 'turn a blind eye' because they know they serve a valuable purpose. The downside is that building standards are overlooked because permits are not obtained and inspections are not performed. Municipal governments must review zoning regulations to address the increasing need for these housing units, in light of the likelihood that substandard and potentially dangerous accommodations are being created by this 'hidden' activity.

Housing Options

Garden Suites

Formerly called granny flats, garden suites are back yard cottages that are placed on the property of a host house. These small manufactured one-bedroom houses are usually smaller than 75 square meters. Like accessory apartments, they allow seniors to live close to, but not with, adult children. Seniors in garden suites can access support and companionship while maintaining an independent lifestyle, and they can use equity from their previous homes to enhance their incomes. To help address public concerns about zoning that permits garden suites, a 1996 study funded by Canada Mortgage and Housing Corporation recommended that occupancy criteria view the structure as "a temporary dwelling, to be removed from the host property once it is no longer required." The report also recommended that regulations stipulate a familial relationship between the homeowner and the garden suite occupant, and that the occupant be able to benefit from the care and support of his/her family.[59]

Assisted Living

Seniors live in private, secure, self-contained suites in a supervised building or buildings. One or two meals a day are served in a communal dining room. Housekeeping services and social activities are available and residents have a choice of which support services to purchase. Privately developed assisted living units tend to be "high-end" – not affordable for the majority of senior Nova Scotians.

Abbeyfield Houses

The Abbeyfield Houses Society is a not-for-profit agency that originated in Great Britain. Abbeyfield Houses are renovated larger houses in residential neighbourhoods where seven to 10 older people live under one roof, under the care of a housekeeper, who prepares meals and does the household shopping. Residents have separate rooms, with lockable doors, and usually have their own two-piece bathrooms. They eat together in a traditional dining room. The main aim of Abbeyfield Houses is to provide home-like, small-scale, supportive and affordable accommodation for seniors who are at risk of social isolation and its related hazards. Nova Scotia's only Abbeyfield House is in Wolfville. This not-for-profit group home housing option tends to be more modestly priced than privately developed congregate care. The cost to residents is influenced by the price of land, housing, and renovations.

Campus Model

The "campus model" places independent apartments for seniors, an assisted living facility, and a nursing home all on one site. Advantages include: meal preparation for both the nursing home and assisted living facility are prepared in the same kitchen; nursing home staff can provide emergency response to residents of the assisted living facility; spouses at different levels of care can live in adjacent buildings; and residents become familiar with the staff and environment of the nursing home so there is less trauma if a change in health status requires a move. As well, capable residents can provide volunteer services to the nursing home.

Cluster Housing

A group of seniors pool their resources (often from the sale of their homes) to purchase or build a small number of self-contained suites (between four and six) that are attached to a common living room and shared kitchen. Cluster housing provides easier access to homecare and other supportive services, while capitalizing on the collective purchasing power of an organized community of seniors.

Seasonal Supportive Housing

During the winter months, in summer tourist destinations (especially in Prince Edward Island), motels and hotels offer special monthly rates to seniors. Suites are fully furnished, laundry and housekeeping services are provided, meal plans are included, and in some cases, special activity staff are employed. This housing option is a win-win situation for motel operators who would otherwise close their motels, and seniors who want to avoid winter isolation and the cost of heating large, rural homes, without having to give up their homes.

Information is Key

Aging in place requires co-ordination of policies and priorities from a number of sectors, while keeping in mind the fact that the preferences and resources of older persons and their families vary considerably, as do the needs of particular communities.

Task Force meeting participants expressed a growing need for more subsidized enriched housing and assisted living facilities. However, these are but two of many housing options. A wider variety of housing types can better meet growing needs. As well, by intentionally planning supportive, age-sensitive communities, many of the barriers to accessibility and affordability can be eliminated.

Housing Options

Task Force participants also recommended expanding health promotion activities in seniors' apartment buildings, assisted living, and enriched housing facilities through recreation, active living, and social activities, as well as sharing information on medication use, nutrition, and disease and injury prevention. Health promotion programs can be more easily delivered when seniors' apartments, assisted living and enriched housing facilities provide community rooms, fitness equipment and other recreational amenities as part of building design.

Increasing knowledge about aging is critical for creating the changes needed. Public housing providers need information about aging, in particular about cognitive impairment. The housing sector and the general public also need information on home modifications for people with dementia. These same modifications benefit frail seniors, and victims of stroke, accident, and brain injury.

Families, private developers, and not-for-profit groups need information on architectural designs that accommodate changing mobility. Demographic information (e.g. how many seniors, in what areas, can afford to pay how much per month for supportive housing), as well as how the real estate market is doing in areas occupied predominantly by seniors would also help to inform the private sector about opportunities. And seniors need information that will help them investigate a broader range of housing options and take control over selecting or creating the option that best suits their needs and budget.

Transportation

Nova Scotia's population is aging and life expectancy is increasing. Because disabilities increase with age, the need for accessible and affordable transportation options is expected to grow as greater numbers of elderly people have to stop driving because of health problems such as dementia, strokes and certain heart conditions.

Transportation is vital to ensuring seniors maintain quality of life (access to essentials such as medical appointments, grocery store, and pharmacy) and a high quantity of life (access to nonessentials such as the nursing home to visit a spouse, the hairdresser, the local seniors' centre, a nutrition or exercise program, or adult day programs).

Changing demographics are already leading to a greater demand for a range of transportation alternatives designed to meet the needs of people who can no longer drive. And concerns about road safety will continue to increase because older seniors are more physically fragile and therefore more vulnerable to accidents as pedestrians, transit users, and drivers.

Getting Where You Need to Go

When transportation becomes limited, life becomes limited. As one participant at a Task Force on Aging public meeting pointed out: "We can create all the programs and services we want, but if we can't get to them, what's the point?" Alternatives to driving might include family members, friends, neighbours, the local bus system, the local Dial-A-Ride program, local taxi services, community shuttle, or specialized transportation programs.

Seniors have traditionally relied on family members to provide transportation when they can no longer drive. But given our mobile and dispersed society, family members may not be available or willing to provide this service. As well, for many Nova Scotia seniors, the same health or mobility factors that made it difficult or impossible for them to continue driving also make it difficult to access other transportation options. Seniors who are unable to continue driving are also often unable to walk to a bus stop, get into a van, travel without an escort, or afford the regular use of taxicabs.

Statistical Highlights

- The challenges associated with transportation are particularly acute in rural areas of Nova Scotia where 44 percent of the population resides. Furthermore, rural populations have lower incomes than those in urban regions, with Nova Scotia showing the greatest rural-urban income disparity in Canada due to economic declines that have occurred over the past decade in communities dependent on fishing, farming, and mining.[61]
- Nova Scotia also has the highest disability rates of any province in Canada, with 20.1 percent of people 15 years and older reporting difficulties with daily living activities that range from mild (6.8 percent), moderate (5.3 percent), severe (5.3 percent) or very severe (2.6 percent). Of these, 49.3 percent are 65 and over. Statistics of particular concern in planning for an aging population are those that show 45-64 year olds have the highest proportion of "severe" and "very severe" disabilities (30.5 and 15.7 percent respectively).[62]
- In 2004-2005, the Dial-A-Ride Nova Scotia network provided 90,000 rides - an increase of 94 percent since 2001.
- Geographic distribution, coupled with health and mobility limitations can complicate the ability of seniors to drive or travel to services and activities that provide opportunities for community involvement. The problem is especially acute for people age 85 and over. This age group is more likely than others to have disabilities and chronic conditions that require greater medical care, rehabilitation, social services, and physical supports. Moreover, the health and mobility conditions of this age group may not only affect their ability to drive, but may result in a greater need for transportation assistance and support.

Progress Made

Significant progress has been made in recent years in providing accessible transportation in Nova Scotia communities. Since the inception of the provincial government's Community Transportation Assistance Program in 2001, the number of counties with accessible community-based transportation has increased from three to nine. Areas that now have programs are: Municipal District of Clare, Municipal District West Hants and the Counties of Kings, Pictou, Colchester, Annapolis, Shelburne, Yarmouth and Digby. Funding for a new vehicles in the Valley region, East Hants, and Halifax Regional Municipality were also announced.

Several community transportation organizations made presentations to the Task Force on Aging, with each noting they have expanded their role to serve the needs of seniors as well as disabled persons of all ages. Presentations emphasized the need for municipal participation in Yarmouth, Shelburne and Colchester Counties and expressed concerns about the financial ability of community transportation organizations to meet rising costs and increased demand. The provincial government responded in the 2005-2006 budget by increasing funding to the Community Transportation Assistance Program - raising the per capita contribution from $1.41 to $1.60 to help with rising fuel, maintenance and insurance costs, as well as doubling the capital contribution to $20,000 per vehicle, which is used to assist in the purchase of new accessible vehicles.

Volunteer programs that provide "assisted" transportation were also highlighted during public meetings. Representatives of the VON Seniors' Assisted Transportation Program spoke about the need to provide special assistance to older seniors. Volunteers serve a dual role as driver and companion, providing physical and emotional support by staying with seniors while they wait to see the doctor and helping with errands such as grocery shopping. Seniors 85 and over, who no longer drive and have mobility or cognitive impairment, in addition to chronic health conditions, are particularly likely to need this type of assistance.

Demographic projections provide every indication that the need for these services will continue to increase. However, presenters noted that volunteer recruitment and retention are becoming more challenging because of a decline in volunteerism, the rising cost of liability insurance coverage, and the need to reimburse volunteers for out-of-pocket expenses. (See Good Idea - Pas-Ride Limits Liability in Part Three, which highlights a California-based initiative designed to address these concerns.)Volunteer-related issues are discussed in more detail under the Supportive Communities section of this Strategy.

Driving the Preferred Option

Many discussions about seniors' transportation begin with efforts to enable senior drivers to continue driving for as long as possible. Most seniors view transportation as getting where they need to go by driving their cars. In fact, 93 percent of men and 67 percent of women over 65 are licensed to drive in Canada. For many seniors, driving is the key to freedom and independence, and the possibility of not being able to drive is anticipated with fear and trepidation.

Transportation

Significant progress has been made by the Seniors' Secretariat's Seniors' Safe Driving Committee. This group of concerned citizens has worked closely with the Registrar of Motor Vehicles to ensure driver assessment procedures balance safety concerns while respecting the dignity and independence of individuals. It is important to remember that problems with driving do not occur just because a person is 60, 70 or even 90 years old, but rather they are related to the health and mobility consequences of aging. Seniors' safe driving courses, subsidized by the Nova Scotia government, can help seniors understand how aging affects driving skills, discover ways to compensate for minor changes, and be more aware of significant problems that may pose a threat to themselves or the public. Greater awareness about the availability and benefits of these courses is needed. (Programs for Seniors provides more details. This annual publication is available by calling the Seniors' Secretariat.)

Nova Scotia also offers restricted drivers licenses that allow seniors to limit the area they drive to familiar, low-speed streets near home, or to the routes needed for regular travel. Greater awareness about the availability of restricted licenses is needed, and discussions with the Insurance Bureau of Canada should be undertaken to determine if voluntary restricted driving limits liability exposure, and its potential for reducing insurance premiums.

Greater efforts to help seniors plan for how they will remain mobile if they have to stop driving are also needed. (See Good Idea – Getting Around in Part Three) Although most seniors see giving up the keys as a traumatic event, the reality is that the older we get, the higher the probability of this event occurring. A 2002 study in the American Journal of Public Health shows the difference between life expectancy and driving expectancy is about six years for men and 10 years for women.[63] In other words, on average, men can anticipate six years of no driving, and women can anticipate 10 years of no driving in the final years of life.

An article in the Globe and Mail (End of the Road, Aug. 13, 2005) recommended that older people factor in available transportation when they are considering a move, and couples share driving more frequently to ensure women, who are likely to live longer, maintain their driving skills. The article also noted that Nova Scotia, along with Alberta and Quebec, are the only provinces in Canada that do not require physicians to report medically at-risk drivers to licensing authorities. Furthermore, an Alberta study estimated that for each cognitively impaired senior who stops driving, the province saves $18,600 in costs, mainly in health care, from prevented traffic accidents.

The need to distinguish accurately between Nova Scotians who are medically fit and unfit to drive, as well as the need to provide support programs to help seniors and their families cope with the transition, will inevitably increase with an aging population. A new initiative being led by Nova Scotia Community Links is therefore timely, and it will help to encourage more seniors to take an active role in transportation decision-making. The Seniors Influencing Policy project will create the resource materials needed to inform and engage citizens who are interested in developing, implementing, and/or advocating solutions that meet their community's needs.

Pedestrian Safety

For many people, walking is the primary mode of transportation. Evidence from numerous studies on walking demonstrates that regular walking provides a health benefit for people of all ages. Even moderate walking lowers blood pressure and cholesterol, reduces body fat, and enhances mental well-being. Simply put, some walking is better than none at all, and more is better. A workshop in Halifax also stressed these benefits and secured a commitment to develop a coordinated approach to promote walking in Nova Scotia. The Heart and Stroke Foundation and Nova Scotia Health Promotion co-hosted the August 11, 2005 event, which achieved consensus amongst a broad and lengthy list of diverse stakeholders, as well as a commitment to share both resources and ideas. This is precisely the type of unified response that is needed to overcome long-standing and emerging challenges.

A report called *Pedestrian Transportation – A Look Forward* notes "the increased participation of the public health community in promoting walking is a positive development for the transportation sector. As more people walk, it is reasonable to expect that awareness of safety and facility design will increase, leading to positive developments for pedestrians." [64]

Indeed, improvements in technology are already benefiting pedestrians as signals are upgraded with equipment that is easier to see, hear, and reach. In fact, a comprehensive December 2004 report by Transport Canada showed pedestrian fatalities dropped by 24 percent during from 1992 to 2001. The biggest drop was among children nine years of age and under. Nonetheless, an average of one pedestrian is killed every day on Canadian roads and seniors are still the most at risk with pedestrians 65 and over suffering a disproportionate number of pedestrian fatalities (27 percent for men and 39 percent for women). However, these statistics also represent a drop of 12.7 and 30.4 percent respectively.[65]

Transportation

The report credits decreases to greater awareness of road safety. However, it concludes that Canada's aging population is of great concern, noting that 85 percent of the fatalities among people over 64 years occurred in urban areas, and most (59 percent) occurred at intersections, while the outcome on rural roads was more likely to be fatal due to higher vehicle speeds. The report suggests that the safety of seniors crossing the street could be addressed through the medical community, discussed in a doctor/patient relationship, and municipal planners and traffic engineers should give greater consideration to the duration of walk signals in areas with high concentrations of seniors. Several Nova Scotia municipalities are currently reviewing transportation plans to improve active transportation options, which should result in significant improvements over the next five years.

Falls prevention is another area where focused and coordinated efforts are generating positive results. As a leading cause of hospitalization for seniors and as one of the primary causes of nursing home admissions, falls represent a very complex, yet preventable health issue. Nova Scotia Health Promotion is leading the development and implementation of a comprehensive strategy to address falls in Nova Scotia. In 2004-05, Nova Scotia Health Promotion also made a three-year funding commitment to the Community Links' Preventing Falls Together initiative, which is developing regional falls prevention coalitions that work with seniors, caregivers, health professionals, governments, and other community organizations to develop falls prevention strategies that address the specific needs of individual communities.

What We Heard

Transportation emerged as the most consistently presented topic at Task Force on Aging meetings. Aside from the issues highlighted above, the Task Force received insightful suggestions on ways to improve and support existing transportation systems, as well as ideas to explore in future. Suggestions included:

- Greater sharing and better utilization of existing community resources is needed. Specifically, wheelchair accessible vehicles owned by nursing homes could be shared with community groups, and the provincial government should consider ways that school buses could be used by the broader community.
- Expanded transportation between communities is needed. Specifically, the availability of transportation to and from Halifax to improve access to specialized medical services.

- All government departments and health agencies need to be aware of travel constraints when determining hours of service or booking appointments for seniors. For instance, an afternoon appointment in Halifax would be more convenient and less costly to someone living in Yarmouth, who would otherwise have to arrive the night before and incur the cost of a hotel. As well, greater efforts need to be made to 'cluster' appointments (such as blood tests and X-rays) to prevent the need to arrange for transportation on multiple days.

- More flexible Dial-a-Ride booking is required – a requirement of two weeks advance booking limits seniors' ability to attend social events.

- Changes to routes and schedules need to consider the impact they have on the people they serve.

- Increase inter-generational support for community-based transportation programs.

- Improve the transportation "environment" (clearer road signs, painted curbs, wider edge-of-road markings) and expand active transportation options (build sidewalks, trails and provide benches).

- Look globally for innovative, inexpensive and sustainable solutions, and consider ways that abandoned rail lines could become shared-use trails to further support transportation options in some communities

Respecting Diversity

Introduction

As the care and community support needs increase with an aging population, more Nova Scotians will depend on each other and on government services for assistance in their daily lives. An increasingly interdependent society means that intercultural dialogue and respect for diversity are more important than ever. It is also critical to remember that our population is not only aging, it is becoming increasingly diverse. In order to ensure equity for all seniors in our province, issues of diversity and marginalization must be well understood. Unfortunately, there is a lack of information in Canadian literature on aging and culture and/or ethnicity. As the National Advisory Council on Aging notes in their paper *Seniors on the Margins*, in relation to seniors from ethnocultural minorities: "More research on this population is required, as is new knowledge about the impact of ethnicity on the aging process, and its implications for health and well-being, the particular needs of ethnic minority seniors and the appropriate responses to these needs." [66]

However, what is clear about the issues surrounding aging and culture, is that "seniors whose language and/or culture are different from the majority can find themselves isolated and at risk for physical and mental health problems and poverty. In addition, seniors who have recently immigrated to Canada, especially women, are at particular risk of being marginalized."[67] Specifically, these seniors face barriers to receiving appropriate care and social services due to difficulties with language and communication and feelings of isolation, and encounters with service providers who lack knowledge and understanding of the client's culture and/or the impact of life-long disadvantage.

Many people will very often revert to their mother tongue in times of high stress, crisis, or illness. Unwanted isolation appears to be a problem for some seniors, regardless of culture or language; however language barriers, cultural differences, minority status and limited access to services accentuate the problems of unwanted isolation for elders from the Aboriginal community and ethnocultural minority backgrounds. Older immigrants are particularly vulnerable to physical and mental health problems as a result of the stresses and anxieties related to culture shock, culture conflict, loss of social status and narrowing social networks.[68]

For clarity, definitions have been provided at the end of this section, but it is important at this point to explain cultural competence and how it relates to concerns expressed by Task Force participants.

What We Heard

Task Force participants emphasized a need for improved service delivery that reflects the principles of positive aging for Nova Scotia's diverse population. These improvements would require programs and services be designed to address the needs of cultural, racial, ethnic, and linguistic population groups, ensuring accessibility, as well as being able to respond appropriately to individual circumstances.

Task Force participants also noted that the goal is to achieve more than cultural awareness or cultural sensitivity; it is about ensuring service providers have the skills and are able to use them effectively in cross-cultural situations to provide services that are responsive, flexible, and respectful of culturally and linguistically diverse Nova Scotians. This is precisely what cultural competence addresses.

Defining Cultural Competence

Cultural Competence is a set of "congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables the system or professionals to work effectively in cross–cultural situations" [69]

Cultural competence:

- reduces disparities in service
- addresses inequities in access to care and services
- requires an understanding of the communities being served as well as the cultural influences on an individual's beliefs and behaviours

Cultural competence is a response to diversity, which acknowledges that "cognitive knowledge about each culture is less important than the ability to communicate, learn and change." [70]

Cultural competence is a process with emphasis on adapting one's attitudes, behaviours, knowledge and skills as opposed to "cookbook" responses, which could do more harm than good and may lead to stereotyping.

Becoming culturally competent means [71]:

a) learning about the culture of the other.
b) being able to assess from the culture of the other.
c) sharing in the culture of the other.
d) the ability to communicate between and among cultures.
e) the ability to demonstrate skill outside one's culture of origin.

Respecting Diversity

Creating cultural competence is a journey and all members of an organization must be accepting of differences and open to learning. Increasing awareness is an important step along the continuum of change towards developing cultural competence.

Much of the process of developing cultural competence involves a re-examination of our values and the influence of these values on our beliefs, which affect our attitudes and actions. Cultural competence must be responded to at three levels: individual, organization, and system. A culturally competent organization:

- understands, accepts and respects diversity
- includes and actively involves people who are reflective of the diverse groups represented within its community

Achieving Cultural Competence

The need to provide culturally competent service delivery in Nova Scotia is driven not only by a strong commitment to fairness, a deep understanding of the power of respect, and a moral imperative; it is also driven by demographic realities.

The Nova Scotia Immigration Strategy has set a goal of attracting 3,600 immigrants per year with a target of retaining 70 percent by 2011. This will have a significant impact on communities throughout Nova Scotia, but especially in Halifax Regional Municipality where most immigrants settle.

One key component for both systems and individuals to achieve cultural competence is increased self-awareness with a critical examination of beliefs, values and biases. Staff who can interact appropriately in a culturally diverse work environment will be better prepared to assist clients from diverse communities. Having a diverse looking staff does not mean having a culturally competent staff. 'Diverse staff' and 'culturally competent staff' are distinct concepts – one addresses appearance, the other addresses behaviour.

When professionals are culturally competent, they establish helping, trust-based relationships, engage the client, and improve the quality of service. Achieving cultural competency requires a concerted effort on the part of many people, and a broad range of interventions and initiatives, including:

- clearly articulated principles, rationale, and values for culturally and linguistically competent service delivery

- structures that encourage and facilitate community participation in the planning, delivery, and evaluation of programs, policies and procedures for staff recruitment, hiring and retention that will achieve a goal of a diverse and culturally competent workforce
- policies and resources to support training and staff development; and adequate fiscal resources to support outreach, translation and interpretation services.[72]

Along with the existing Office of Acadian Affairs and Office of Aboriginal Affairs, the recent creation of an Office of Immigration and Office of African Nova Scotian Affairs has clearly demonstrated the Government of Nova Scotia's commitment to addressing the issues of culturally diverse populations in the province.

Making Progress: Diversity in the Public Service

Under the direction of the Public Service Commission, the goal of improving the diversity of the public service and achieving employment equity for women, Aboriginal people, persons with disabilities, African Nova Scotians and other racially visible people has led to the development of cross-government affirmative action plans. As well, the creation of a Valuing Diversity Round Table has provided informed guidance for the development of diversity initiatives, and the Diversity Accommodation Fund is helping departments, agencies, boards and commissions hire persons with disabilities who may need some job accommodations upon their entry. Collectively, these and other initiatives are helping to ensure the Government of Nova Scotia is more representative of the people it serves.

Making Progress: French Language Health Services

Task Force participants in Nova Scotia's Acadian-francophone communities conveyed a strong and pressing need to provide French language health services, noting that seniors dealing with trauma, illness, or dementia often lose their ability to speak English. In heath care and long-term care environments where French language services are unavailable, these seniors experience a frightening and dangerous form of isolation.

In 2004, the Government of Nova Scotia took an active role in responding to people's concerns about access to services in French-speaking communities Nova Scotia's Department of Health, in partnership with the Office of Acadian Affairs, created the position of Provincial Coordinator, French Language Health Services. Working with the Acadian-francophone community and district health authorities, the Coordinator would develop a plan that would allow the health system to be more responsive to the needs of the French-speaking population.

The Government of Nova Scotia is moving in a positive direction in responding to the needs of the Acadian and francophone population. This is evidenced by Bill 111, the French Language Services Bill, which was proclamied in December 2004.

The *French Language Health Services Progress Report* (February 2004-June 2005) highlights a number of training, recruitment, and translation initiatives that are either underway or in the final planning stage. The report also notes that Réseau Santé (Nova Scotia's French Language Health Network) continues to make great gains in fulfilling its mandate to establish linkages between key health and wellness stakeholders, create an inventory of Francophone resources and services, and raise awareness among regional and provincial authorities to the needs of the community. As well, a new policy implemented by the Cape Breton District Health Authority stipulates that all direct patient care positions posted for the facility in Cheticamp will include a French language requirement. And Nova Scotia's health system has been infused with almost 50 new paramedics trained in French at Université Sainte-Anne.

"The intention is not to develop a parellel delivery system, but to insitutute and institutionalize changes so that they are progressive and that they become part of the government culture."[73]

Making Progress: Diversity and Social Inclusion in Primary Health Care

The Nova Scotia Department of Health's Diversity and Social Inclusion in Primary Health Care Initiative is a three-year initiative aimed at effectively addressing the primary health needs of culturally diverse populations. Launched in 2003 at a provincial workshop for policy makers and primary health care leaders, the initiative focuses specifically on race, ethnicity, language and culture. It is recognized that many population groups face exclusion and experience barriers to access in the primary health care system. The Diversity and Social Inclusion Initiative attempts to respond to the unique issues facing immigrant, First Nation, African Canadian, and Acadian/francophone populations in a meaningful way. The initiative also recognizes the interconnectedness of all determinants of health and that one cannot examine race, for example, in isolation of other determinants such as education, poverty, and socioeconomic status.

As part of year two of the Diversity and Social Inclusion Initiative (2004/2005), the nine District Health Authorities each hosted a community-based workshop that aimed to increase awareness, give voice to culturally diverse populations in their communities, and to inform district planning in an effort to meet the needs of culturally diverse populations. These workshops strengthened existing relationships and developed new ones between the health authorities (and providers) and diverse populations. Many of these relationships continue and have resulted in increased inclusion and participation of diverse populations in district health planning.

In June 2005, the Department of Health hosted a provincial workshop for primary health care providers entitled, Cultural Competency Workshop - From Awareness to Competence. This workshop aimed to have providers prepare themselves and their practice for an increasingly diverse Nova Scotia; to consider how culture impacts and determines health; to collaboratively build a culturally competent health care system in Nova Scotia; and to take away simple tools, information and resources to enhance cultural competency. A *Cultural Competence Guide for Primary Health Care Professionals* was created and distributed to participants and made available on the Department's website.

The culmination of all activities over the three-year Diversity and Social Inclusion in Primary Health Care Initiative is the development of guidelines for culturally competent care in the primary health care service delivery system. A final report of the initiative, including the guidelines, will be released in early 2006.

Respecting Diversity

Statistical Highlights

- Nova Scotia has a very diverse population that includes people from all over the world. Acadian, Francophone, African Canadian, First Nations, Asian and Arabic people are the dominant diverse groups in Nova Scotia. Provincially, four percent of Nova Scotians reported they were members of a diverse community, while seven percent of Halifax's population reported the same in 2001.
- Acadians and Francophone Canadians can be found across the province, however members of these communities are largely concentrated in Halifax, Digby and Yarmouth. These communities account for 65.8 percent of Nova Scotia's francophone population. In some communities, Acadians represent the majority of the population: Argyle (55 percent); Clare (68.3 percent); Isle Madame (51.6 percent); Inverness North (44 percent).
- There are 48 African Canadian communities across Nova Scotia. Sixty-six per cent of African Canadians living in Nova Scotia live in Halifax. Southwestern Nova Scotia (Kings, Annapolis, Digby, Yarmouth, Shelburne, Queens and Lunenburg counties) has the largest community of African Canadians outside Halifax.
- Halifax has the highest proportion of Canadian-born African Canadians among major urban areas in Canada – 91 percent of African Canadians living in Halifax were born in Canada.
- Religious faith and spirituality of Nova Scotians is also diverse. The dominant religion in Nova Scotia is Christianity, however, Judaism, Islam, Hinduism, Sikh, Buddhism, Baha'i and many other faiths are also celebrated by Nova Scotians.
- Most immigrants reside in Halifax although small populations of immigrants are present in every region of the province. The proportion of immigrants coming to Nova Scotia from Europe is on the decline, while that from Asia, Central America, Africa and the Middle East is on the rise.
- The vast majority of Nova Scotia's First Nations people are members of the Mi'kmaq Nation. Inuit and Métis people also call Nova Scotia home. There are 13 First Nations communities in the province of Nova Scotia. However, most of the First Nations population resides in Cape Breton: Victoria County (6.3 percent) and Richmond County (4.4 percent).

- Nova Scotia also has the highest disability rates of any province in Canada, with 20.1 percent of people 15 years and older reporting difficulties with daily living activities that range from mild (6.8 percent), moderate (5.3 percent), severe (5.3 percent) or very severe (2.6 percent). Of these, 49.3 percent are 65 and over. Of particular concern relating to population aging, are statistics showing that show 45-64 year olds have the highest proportion of "severe" and "very severe" disabilities (30.5 and 15.7 percent respectively).
- Fully 60 percent of persons with disabilities are excluded from the labour force, and the unemployment rate for women with disabilities is double that of men.

Summation

While more research is clearly needed on aging and culture and/or ethnicity, the lack of information should not impede us in striving for a fair and equitable society that promotes positive aging by upholding human rights for seniors and respecting diversity, culture and ethnicity. Such a society would ensure seniors have equitable access to a continuum of quality health, social, financial, and legal services and resources regardless of their age, race, colour, religion, language, culture, creed, sex, sexual orientation, physical or mental disability, ethnic, national or aboriginal origin, family status, source of income, or political affiliation.

Definitions

Culture: Composed of language, concepts, beliefs, values, symbols, structures, institutions and patterns of behaviour, etc. A person's culture may or may not be the same as his or her ethnic origin or identity. In society, a person may have encountered a variety of cultural influences.

Culture is:

- Dynamic, ever evolving and changing, created through individuals' interactions with the world, resulting in ways of naming and understanding reality. Shared when individuals agree on the way they name and understand reality.
- Symbolic, often identified through symbols such as language, dress, music and behaviours.
- Learned and passed on through generations, changing in response to a generation or individual's experiences and environment.
- Integrated to span all aspects of an individual's life.

Respecting Diversity

Diversity: Differences among people, as individuals or groups. Diversity includes difference in age, abilities, culture, ethnicity, gender, physical characteristics, religion, sexual orientation, values, etc.

Ethnic: An adjective used to describe groups that share a common language, race, customs, lifestyle, social view, or religion. Everyone belongs to an ethnic group. The term is often confused with "minority". Ethnic, however, refers to those traits that originate "from racial, linguistic, and cultural ties with a specific group".

Equality and Equity:

Equality: being equal

Equity: fairness

Access: the ability or right to approach, enter, exit, communicate with, or make use of services.

Equitable Access: Equitable access recognizes that things like geographic location, communication styles, language of service, signage, physical design and service-delivery style influence a person's access to services and strives to address these issues.

When we treat people equally, we ignore differences. When we treat people equitably, we recognize and respect differences.

Source: Workplace Diversity and Employment Equity Education Program Participant Workbook, 1995 [74]

Employment and Life Transitions

The recruitment and retention of older workers will promote human dignity and independence while enabling businesses to be more competitive. It will have a positive impact on Nova Scotia's economy and the social fabric of our communities, and it will help to address the financial challenges and seize the opportunities of an aging population. The period we are living in has been described as one of "profound transition." The Strategy for Positive Aging enthusiastically embraces the many positive impacts an aging population will have on workplace policies; in particular how a more holistic approach to worker productivity can improve work-life balance for all working age Nova Scotians. Reorganizing the time spent at work over the course of life to devote more time to children, aging relatives, and lifelong learning would provide significant social gains.

The age of 65 as the traditional retirement age dates back to 1889, when Otto von Bismark set up Germany's first pension scheme. Bismark fixed the retirement age at 70 at a time when life expectancy was 45 and only 1.5 percent of the population lived to be that age. The equivalent today in Nova Scotia would be age 97 for men and age 100 for women (i.e. the age that roughly 1.5 percent of our population currently reaches). Germany's pension plan dropped the age to 65 in 1916, and it then became the standard for mandatory retirement and social security programs in industrialized nations around the world.

A federal government Policy Research Initiative (PRI), Views on Life-Course Flexibility and Canada's Aging Population (2004), notes that "considerable economic gains can be realized with the prolonged participation in the workforce of older workers interested in continued employment." Furthermore, there has been a dramatic growth in recent decades in the time spent in leisure among older people, where it is mainly passive and often unwanted. People have been retiring earlier and, once retired, are living much longer and healthier lives. Economic and social gains are possible by tapping into this huge pool of underused time.[75]

But one point must be made clear: The idea is not to force people to postpone retirement, but to ensure workplace policies encourage those who wish to do so, and to eliminate financial disincentives and other barriers that prevent or discourage labour force participation. It is also important to note that prolonged employment among workers in physically demanding jobs is often not feasible due to physical deterioration. However, increasing voluntary labour force participation among older workers who are able and willing can result in many economic, social, and health benefits.

Although the Canadian Occupational Projection System (COPS) projects increased participation rates by age and gender in Nova Scotia in the short term, the dominant long-term outlook shows "a slowing population growth and reduced participation rates resulting from workforce aging. As a result, labour force growth is expected to decline substantially over time and drop off to zero by the end of the decade."[76]

On the up side, however, the report goes on to note that "a number of circumstances could significantly affect this trend over the forecast period (2004-2009), such as a substantial increase in the participation of older workers, increased participation of groups under-represented in the labour market (e.g. Aboriginals, African Nova Scotians and disabled persons), increased immigration and increased net in-migration from other provinces."

Aside from this Strategy, the Government of Nova Scotia has introduced, and is currently working on, a number of policy initiatives to address changing demographics, including:

- Skills Nova Scotia
- Nova Scotia's Immigration Strategy
- Nova Scotia's Nursing Strategy
- Youth Employment and Skills Development Strategy
- Aboriginal Employment Strategy
- Community Development Policy Initiative
- Opportunities for Prosperity (Economic Growth Strategy)
- Public Service Commission Corporate Human Resources Plan 2005-2010

Furthermore, under the direction of the Labour Force Planning Committee, the Department of Education recently announced a comprehensive $150,000 study into how changing demographics will affect the labour market, jobs, education, and the provincial economy. The purpose of the research project on changing demographics is to:

- Identify the demographic changes that Nova Scotia will likely face over the next twenty five years and assess how these changes will impact on and interact with the social, economic and labour market changes in Nova Scotia over the same time period.

- Identify the critical challenges and opportunities that will be faced by individuals, employers, educators/trainers and governments in responding to these changes.

- Identify and assess policy and program options that could be implemented to address these challenges and opportunities.

For the purposes of this Strategy, however, the Task Force on Aging has focused primarily on issues that relate to the voluntary labour force participation of older workers, with only a brief discussion on how certain workplace practices can similarly improve access for other under-represented groups.

Statistical Highlights

Canada

- Shifts in population size within various age groups have far-reaching social, economic and policy impacts. The number of pre-schoolers, students, workers at the beginning, middle or end of their careers, retirees and so on have a profound effect on labour and housing markets, the demand for products and services, and the policy agenda.
- Census data show that as of May 15, 2001, the median age of Canada's population reached an all-time high of 37.6 years, an increase of 2.3 years since 1996. This was the biggest census-to-census increase in a century. Median age is the point where exactly one-half of the population is older, and the other half is younger.
- Based on median age, Nova Scotia and Quebec were the nation's oldest provinces, each with a median age of 38.8 years. Alberta was the youngest with a median age of 35.0.
- Statistics Canada data show there are fewer young people entering the working-age population to replace individuals in the age group nearing retirement. In 1991, for every person aged 55 to 64, there were 1.6 individuals in the group aged 15 to 24. By 2001, the ratio was down to 1.4, and by 2011, if current demographic trends continue, the potential exists for a parity situation.

- Along with Japan, Canada has the lowest ratio of younger individuals (age 20 to 39) in the workforce to those aged 40 to 59. In no other G8 country is there such a contrast in the population sizes of the younger to the older population in the core working ages. Hence, there is a need to prepare younger generations for the impact of the retirement of the baby boomers.
- The economic cost of low labour market participation among older workers, in terms of lost output, benefit payments, and lower tax base is substantial. In fact, even in the absence of further decreases in the labour market participation of older workers, there will be a considerable increase in the economic costs associated with early retirement in the coming years. The current cost is 7.2 percent of GDP in Canada and it is expected to be 10.7 percent by 2010.

Nova Scotia

- The 2004 edition of the Canadian Occupational Projection System (COPS) notes that the participation rates for older workers in Nova Scotia is "well below the national rates," and if Nova Scotia's rates were at the national level, the province's labour force would be larger by about 25,000 workers.
- Although COPS projects increased participation rates by age and gender in Nova Scotia in the short term, the dominant long-term outlook shows "a slowing population growth and reduced participation rates resulting from workforce aging. As a result, labour force growth is expected to decline substantially over time and drop off to zero by the end of the decade." [77]

Impact of Immigration

- Given Canada's current age distribution, overall population aging is unavoidable. While immigration brings additional support to the labour market, it has limited impact on population aging. During the decade between 1981 and 1991, 1.4 million immigrants arrived in Canada. This level almost doubled to 2.2 million between 1991 and 2001. Yet, the median age continued to increase by just about four years during both periods.
- With an assumed annual inflow of 225,000 immigrants, the median age is projected to increase by a further 3.4 years between 2001 and 2011. Projections envisaging twice as many immigrants, far above any past level, still indicate an increase of 2.4 years in the median age.

Eldercare

- Between 1991 and 2001, Canada's population aged 80 and over soared by 41 percent to 932,000. It is expected to increase an additional 43 percent from 2001 to 2011. By then, it will have surpassed an estimated 1.3 million. (This will impact the working age population who will be increasingly challenged to meet eldercare responsibilities.)

Unless otherwise indicated, the afore mentioned statistical highlights are from Statistics Canada's analysis of age distribution.[78]

Public Awareness

The demographic structure of Nova Scotia is undergoing profound changes. In the coming decades, fewer young people will be entering the workforce, growth in the working age population is projected to slow or even reverse, and people past traditional working age are expected to make up a larger share of the labour force pool. The time to get ready for these changes is now.

However, a great deal of work is needed to educate the public about the economic impact of population aging and inform employers about the workplace and human resource policies that are needed to attract and retain older workers. Collaborative relationships between business, unions, and provincial and federal governments will be needed to remove financial disincentives and other barriers to continued employment for older workers.

The lack of public understanding of these issues was highlighted in the federal government's Policy Research Initiative (PRI) paper, Views on Life-Course Flexibility and Canada's Aging Population (2004). The report showed that participants in cross-country focus groups "had a surprising amount of difficulty identifying and discussing the potential impacts of an aging population." Although participants easily grasped the obvious ones – the stresses on the social safety net, specifically the health care and public pension systems – they had difficulty understanding the consequences of a looming labour shortage, and could not comprehend the concept of a productivity crisis." [79]

Evidence of limited understanding can be found in quotes like: "The solution isn't to encourage seniors to work. It's to encourage young people to start having families again." Some participants suggested other provinces "pay people to have kids," referring to the Allowance for Newborn Children, which was implemented by the Quebec government in 1988. The program provided cash incentives of $500 for the first child, $3,000 for the second, and $8,000 for the third. In 1997, the government cancelled the program saying it didn't work and replaced it with expanded childcare subsidies. A researcher at University of British Columbia estimates the program increased fertility by 12 percent on average and as high as 25 percent among women who were eligible for the maximum benefit.[80] However, the cost and effectiveness of the program remains a contentious issue, and 2001 census data on median age show Quebec ties with Nova Scotia as the provinces with the oldest median age.

Although focus group participants in the PRI study acknowledged there would be a shortage of workers in some sectors, such as health and skilled trades, few understood the consequences. A sample quote: "I don't see this as a bad thing. I mean you've got all these kids having trouble finding work. If there was less competition, they could more easily find work." The few who were able to grasp the economic implications, noted that a labour shortage would lead to greater demand for workers and higher wages. This, in turn, would lead to inflationary pressures. One or two participants surmised that decreases in productivity would come from the simple fact that there would be fewer people producing goods and offering services. To most others, however, higher wages were regarded as a good thing, and they did not grasp the connection to inflation and other possible negative effects.

The PRI report concluded that "if left unchanged, social policies are likely to reinforce the negative effects of the exodus from the labour market, thus reducing the growth of material well-being, adding to labour shortages, and placing even greater pressures on the time available for mid-career learning, childcare and eldercare."

Productivity

The importance of productivity is being increasingly discussed in light of growing competition from developing nations. MacLean's magazine columnist Steve Maich wrote the following in the Nov. 14, 2005 issue:

> The Western world has gotten fat, lazy and complacent about its standard of living, and Canada is among the worst offenders. Over the past few years Canada's productivity growth – which measures the value of goods and services produced per hour of work – has gone from anemic to non-existent. In 1970, this country's productivity ranked fifth out of 24 nations in the Organization for Economic Co-operation and Development. By 1980, we'd slipped to 12th. In 2004, to 17th.

Don Drummond, chief economist at Toronto-Dominion Bank, sounded the alarm on this issue last month (October 2005), pointing out that better productivity is the only reliable path to more employment, higher profits, and a better standard of living. Our needs are well known: lower taxes, more spending on infrastructure and technology, and major investments in education, research and innovation. But "the subject hasn't gripped the hearts and minds of most Canadians," he says.

The sooner we wake up to what's happening the better. Otherwise, we won't have to worry much longer about the decline of our manufacturing sectors. Our grandchildren will be the ones sewing shoes for middle-class yuppies in Thailand, and moving to Beijing to be nannies for the spoiled children of wealthy Chinese industrialists.

The Business Case

In its study entitled Aging Populations and the Workforce: Challenges for Employers,[81] C.D. Howe Institute noted that "in a world where labour is scarcer, failure to deploy certain classes of workers effectively will be an increasingly costly mistake." Interestingly, employers who engaged in the institute's survey found the exercise itself to be "highly illuminating." Simply providing answers to questions about how the age-profile of their workforce is monitored, how duties and compensation can be redesigned to retain key skills and how the workplace organization and location could improve productivity "exposed opportunities that might otherwise remain undiscovered and unexploited." Informing Nova Scotia employers about the challenges and opportunities associated with an aging population can have equally illuminating results.

Preparing for labour shortages in the future will involve policies and practices that accommodate workers who want non-traditional hours, who must balance their work obligations with demanding family situations, or who have particular physical needs. Recruitment strategies will need to target under-represented groups, including older workers, disabled persons, and members of the Aboriginal community.

Women are also expected to remain in the workforce in greater numbers past traditional retirement age. Financial considerations will be a major factor. Women on average will have been paying into pension schemes for about half the amount of time men have. In turn they will receive about half the benefit on retirement. Lower income, greater longevity, and an increase in the number of financially independent women will all influence the age at which women decide to retire.

Hiring and contracting strategies, work scheduling, human capital development, compensation and benefits contribution practices, business structures, and workplace technologies will all require adaptations to accommodate a smaller, older, and more female workforce.

In his book, *Management Challenges for the 21st Century*, management guru, the late Peter Drucker, refers to the period we're living in as one of "profound transition. The changes are more radical perhaps than even those that ushered in the 'Second Industrial Revolution' of the middle of the 19th century, or the structural changes triggered by the Great Depression and the Second World War." Among the five social and political certainties Drucker says will shape business strategy in the near future is the declining birthrate in the developed world. [82]

Outdated attitudes need to change. The traditional view that keeping older workers active longer would reduce opportunities for the young is no longer valid. Not only will there be an economic need to change these views, there is a strong business imperative for creating organizations where the skills of young workers and older workers complement each other.

Workplace policies and human resource practices that were developed during times of high unemployment and a surplus of young workers are ill suited for the coming demographic changes. Older workers represent a huge amount of human capital and wasting talent is as self-defeating as burning money.

The companies that understand early that they should use the knowledge and talent of workers they already employ will develop significant competitive advantage. They will avoid skills shortages, maximize their recruitment potential, and help promote diversity in their company.

In his book, Drucker urged managers to end the age barrier. "There is a bottom line philosophy that says that compelling people to leave work on reaching a certain age is depriving society of valuable productivity, a loss that is measurable." Whether leadership is guiding a business, a province or a country, Drucker's words hold true: "One cannot manage change. One can only be ahead of it."

By the way, Peter Drucker published the book in 1999, at the age of 90.

Healthy, Accessible Workplaces

As a place where individuals generally spend a large amount of time, workplaces have a great influence on levels of mental health, as well as attitudes towards dealing with health-related problems and adopting healthy lifestyles. Workplaces need to become the target of healthy workplace activities and health promotion policies – areas that have been identified as a strategic direction of Nova Scotia Health Promotion.

In addition, changes in work and home life demands are increasingly shifting the focus to maintaining the mental health of workers. Surveys show workload, work pressure, and workers' mental health have been worsening during the last decade. It is estimated that stress-related disorders due to overwork cost Canadian businesses $12 billion a year. Given the impact it has on quality of life, social cohesion and economic development, mental health is a key priority in Nova Scotia's overall public health objectives.

Employers should also consider enhancing workspaces to accommodate older workers. Ergonomic designs can reduce standing time, insulate workers from distracting noise, provide hands-free, volume-adjusted phones, large computer screens, etc. Modifications that accommodate the needs of older workers also make workplaces more accessible for persons with disabilities.

Good workplace practices help to lift public health standards, which in turn boost the overall competitiveness of a society. Healthier, more accessible workplaces can result in better worker performance, improved customer service, higher attendance levels, and more innovation.

Work-Life Balance

In 1997, it was estimated that work-life conflict in Canada cost workplaces approximately $2.7 billion in lost time due to absenteeism. This is considered a conservative estimate because it did not factor in reduced productivity, replacement of an employee during the absence, or an increase in the use of employee assistance plans associated with stress.[83]

The changing workforce – increases in dual-earners, single-parent families, the sandwich generation, and an aging workforce are forcing issues of work-life balance into the corporate mainstream. Work-life strategies are not just a solution to business problems, they improve worker productivity and they play a critical role in an organization's recruitment and retention strategy.

Employment and Life Transitions

Workers who have difficulties balancing work and family demands are more likely to quit their jobs, be less productive, arrive late, be absent from work and suffer poorer physical and mental health. Admittedly, some types of businesses encounter difficulties implementing policies and initiatives that help employees balance work-life demands, and introducing such practices into existing collective bargaining agreements can be challenging. However, Marriott Corporation, one of North America's leading owner/operators hotels and resorts, claims that for every dollar the company spends on helping employees with work-life issues, it saves four dollars due to lower turnover and absenteeism. Furthermore, the changing values of tomorrow's workforce will create unprecedented demands for flexible, diverse benefits and policies.

And finally, a Human Resources Development Canada analysis (2000) showed that Canadian firms with flexible workplace practices - such as time-off in lieu of paid overtime, and family or learning-friendly policies - were more likely to be profitable, than were firms lacking these types of policies.[84]

Eldercare

A 2003 study, *Where to Work in Canada? An Examination of Regional Differences in Work Life Practices*, revealed a number of trends that exist across Canada, regardless of region. The traditional family, headed by a male breadwinner with wife at home, has all but disappeared. Most working Canadians live in dual-income families and have dependents, whether children, aging parents, or "sandwiched" between both. In fact, co-author Linda Duxbury argues that eldercare is emerging as one of the hot-button "competitive" issues of the future as baby boomers retire.[85]

An estimated one in 10 Canadians have missed work due to eldercare responsibilities – a number that is anticipated to grow. In fact, surveys show a full 70 percent of baby boomers expect to care for an aging family member in the near future. In comparing childcare to eldercare, researchers predict that eldercare is likely to become a larger issue for employers because it can last much longer and involve more employees, i.e. those without children and those with grown children. It also raises issues about dignity, rights, and choices for both frail seniors and employees because eldercare is not as recognized as childcare.

There are no easy solutions, but both employees and employers have come to realize that addressing work-life issues is essential for addressing the profound changes taking place in the restructuring of our families and our economy. "We don't live the way we used to so we can't work the way we used to."[86]

Employers can provide a variety of supports for employees with eldercare responsibility, including:

- Information about eldercare resources to help employees identify needed services and reduce stress.
- Education and training programs for managers to make them aware of the caregiving impact on their employees and to assist them in managing a flexible work environment.
- Flexible working arrangements such as part-time, flex-time, home based work and job-sharing programs which provides employees with the flexibility they need to manage their work and eldercare responsibilities.
- Family leave policies that provide for eldercare as well as childcare.

Taxation and Other Policies

A Conference Board of Canada study showed three out of four 51 to 61 year olds would take advantage of phased-retirement policies to remain in the workforce longer,[87] but there is a corresponding need to modify retirement income and pension systems – both public and private – and other financial considerations (such as professional fees) to eliminate financial disincentives.

The public policy environment will be critical to encouraging older worker participation, because government involvement in labour markets and retirement income systems is extensive.

In-service pension distributions, which allow workers who opt for part-time status to supplement their earnings with early pension plan payouts, will likely be an important type of employee compensation in the future. Although it is an expensive option for employers (tailor-made tends to be more costly than one-size-fits-all), it may compare favorably to the fiscal benefits of retaining talent.

The Financial Security sections of this Strategy address several issues regarding retirement savings and pension incomes. This section also highlights the fact that the financial situation of baby boomers varies, and many may need to continue working in later life. As well, the mix of taxes, pensions, and the affect that collecting a work-related income past the age of 65 has on social program entitlements will need to evolve in ways that make working more attractive.

Employment and Life Transitions

There has long been a concern that older workers bear the brunt of layoffs as a result of company restructuring. And, when laid off, these same workers face tremendous challenges finding new jobs. Programs that focus on supporting older workers in transition are a positive step. (See In the News – Older Workers Program Renewed in Part Three)

Although concerns about the impact of labour market trends that are moving away from employer-sponsored pension plans to part-time, casual and contract work have been raised earlier in this Strategy (see Financial Security, Page 31), policies should also avoid tilting the scales in favor of one group over another. In other words, labour standards that favor an employee-employer relationship over a contracted services arrangement would reduce options and limit the type of relationship that may be best suited to older workers.

Fortunately, we are not alone in planning for an aging population. We can learn from the policy mistakes of others, and borrow or adapt ideas that have proven successful. In fact, on the list of the 20 oldest countries in the world (based on the percentage of the population over 65), all but Japan are located in Europe. Many innovative solutions are being developed and implemented abroad. Highlights of some of these can be found in a Human Resources Development Canada report, *Improving Work-Life Balance – What Are Other Countries Doing?* (2004), which includes details on the UK-based Work-Life Balance Campaign, New Zealand's Future of Work Programme, the Netherlands' Adjustment of Hours Law and Equal Treatment of Working Hours Act (for part-time workers), as well a trial measure 'sabbatical leave' for one year in Sweden to enable employees to pursue study.[88]

Life-Long Learning

Atlantic Canada Economic Council (APEC) projects that the number of 18-24 year olds in the Atlantic provinces will drop by almost 20 percent between 2011 and 2021. For universities that are increasingly dependent on tuition fees as a source of operating revenue, this poses and enormous challenge. With degree-granting institutions in Nova Scotia, universities are a considerable provincial asset. A Canadian Journal of University Continuing Education article, The Boomers are Coming: Trends in Older Adult Education (Spring 2003), notes that emerging trends in older adult education will demand increasing differentiation between universities (creating specialties), and a shift from institution-based control to greater student influence, as well as changes in recruitment strategies, use of technology, programs and services.

It is important to note that training for older workers is a good investment. Because older workers have lower turnover rates than younger workers, it is no longer accurate for companies to assume that their ability to amortize training costs is greater with younger workers than with older workers. In fact, on average, amortizing these costs is the same for younger and older workers. Also, succession-planning policies can enable older workers to move from manager to mentor as part of a phased- or pre-retirement strategy, thereby passing on valuable corporate history that would otherwise be lost. The Public Service Commissions Senior Leader/Mentor program is one example.

And considering that the highest number of new entrepreneurs is currently among people 55 and over, there is a growing need for self-employment learning/transition programs that target this age group. In fact, according to the 2004 CIBC report *Start Me Up - A Look at New Entrepreneurs in Canada*, by far the fastest growing segment of the business startup market is the 55 and over age group, which now accounts for 15 percent of total startups compared to 11 percent in 1990.

Mandatory Retirement

A C.D. Howe report, *Banning Mandatory Retirement: Throwing Out the Baby with the Bathwater* (2004), notes that "the debate over whether to ban mandatory retirement is one of the most misunderstood discussions in the area of labour and social policy." The author goes on to explain that mandatory retirement is often misconstrued as a government law or regulation that requires people to retire at the age of 65. However, it is not a law or a regulation imposed by governments – it is part of a company personnel practice or collective agreement that requires an employee to retire from an organization at some fixed age, typically 65. This is usually a stipulation of a company's pension plan. [89]

The report cautions governments about the degree to which they should prohibit private contracting between employers and employees or their unions. There are many conflicting arguments for and against mandatory retirement. Two provinces (Quebec and Manitoba) have banned mandatory retirement under any circumstances, while six provinces (Nova Scotia included) have removed age caps from human rights legislation, while allowing mandatory retirement as long as they are part of employer and employee or union agreements. Removing the age cap means that older workers have protection against age discrimination. Governments can also abolish mandatory retirement provisions for their own employees, as the Government of Nova Scotia did in 2003.

Mandatory retirement exists for about half the workforce, and tends to cover "advantaged workers who earn relatively high incomes in long-term employment positions, are male, covered by an employer-sponsored pension plan, and under the protection of a collective agreement or formal personnel policy." And although research is limited, evidence shows that the number of people constrained by mandatory retirement, who would otherwise want to continue working, is about six percent.

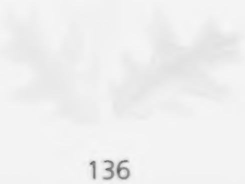
The report also notes that mandatory retirement policies should have less impact on women because they are less likely to be in jobs where retirement is mandatory. However, women may be adversely affected by a ban because they would otherwise benefit from the mandatory retirement of men. On the other hand, women might benefit from a ban if it enables them to work longer and accumulate the service credits and wage increases that could enhance their pension benefits.

Summation

In the report cited earlier, *Where to Work in Canada?*, the authors concluded that "employers who value a committed, hard working workforce should consider locating in the Maritimes." Linda Duxbury, who co-wrote the report, said the findings of the study paint Atlantic Canada as Canada's unexpected work "paradise." The study recommends further research to determine if the findings "can be attributed to the lifestyle 'out east' (e.g. small, close knit communities, short commutes) rather than the work itself. It may be that there are real benefits to employees and employers alike from living in smaller communities where work, family and community are more easily integrated."

Nova Scotia has an opportunity to build on these strengths. Attracting and keeping talent in the face of an aging workforce will enhance our province's global, national, and regional competitiveness.

An older workforce will require a change in attitude regarding aging. New management practices will also be needed to allow older workers to make the most of their final years of employment and allow employers to make the most of valued knowledge and maturity. Policies and prejudices concerning older workers are changing, but we can accelerate the pace and stay ahead of the curve. Policy makers, businesses, academic thinkers and others can facilitate the changes that are needed.



Supportive Communities

Supportive communities create a physical and emotional environment that celebrates positive aging and engages seniors in a variety of activities that contribute to quality of life. Supportive communities have a sense of shared responsibility that helps to build strong linkages and partnerships among individuals, families, community organizations, and all levels of government.

At every Task Force meeting across the province, participants confirmed that the best solutions to an aging population will be found in Nova Scotia's strong sense of community. It is therefore appropriate that Nova Scotia's nine Positive Aging Goals conclude with Supportive Communities. In this section, the emphasis is on encouraging and supporting volunteers and not-for-profit organizations, better utilizing existing community resources, addressing the challenges that are unique to Nova Scotia's rural communities, and improving literacy. The Supportive Communities Goal and Societal Actions underscore that the success of this Strategy will depend on mobilizing community support. Our ability to provide positive aging in Nova Scotia will ultimately depend on the economic and social strength of our communities.

Naturally Occurring Retirement Communities

Naturally Occurring Retirement Communities (NORCs) are areas that were not intentionally planned for older people, but are populated by large concentrations of seniors. In six Nova Scotia towns, more than 25 percent of the population are currently age 65 and over. In another eight towns, seniors currently account for between 20 and 24 percent of the population. These towns are NORCs.

The challenge that Nova Scotia's NORCs share with others all over the world is that they often lack the amenities, services, housing, and infrastructure to adequately support aging in place. However, NORCs offer ideal places to cluster services, improve pedestrian access, locate transit, and provide appropriate zoning to accommodate a range of housing options.

Community-based not-for-profit organizations can play a number of critical roles in the development of aging in place programs. These groups have powerful assets in their community networks, which can contribute greatly to enhancing the quality of life in Nova Scotia's NORCs.

Supportive Communities

A program in Florida offers communities the opportunity to assess their own facilities, services, housing stock and recreational activities, and develop a plan to improve the quality of life for current and future senior residents. (See Good Idea: Communities for a Lifetime in Part Three). The program's primary objective is to raise awareness of the importance of considering the needs of older residents as part of the planning process because most of the characteristics of a community that make it senior friendly are decided at the local level. Given the high number of NORCs in Nova Scotia, and our aging population overall, the creation of a similar project would assist Nova Scotia NORCs in becoming "senior ready."

Volunteerism

Nova Scotians can be proud of our province's volunteering culture. On average, Nova Scotians give 183 hours per year of their time to civic and voluntary activity. This is the highest rate in the country - 43 percent more than the national average. Calculated at a rate of $15 an hour, volunteerism in Nova Scotia is estimated to be the equivalent of 83,000 jobs.[90]

Volunteers give comfort, compassion, guidance and hope. They are tireless friends, who believe in human dignity and giving back to their community. They also know that to rise above adversity and to be the very best that we can be, we need each other.

The value of volunteers - both social and economic - emphasizes the critical need to address the issues surrounding recruitment and retention. A 2003 GPI Atlantic report confirms what meeting participants told the Task Force on Aging - our volunteers are "burning out." Studies show that Nova Scotia lost 30,000 volunteers (a decline of 10.7 percent) between 1997 and 2000, and the annual per capita hours given to volunteer work rose from 42.3 to 50.1. The GPI Atlantic report called this trend "a dangerous situation," noting that while Atlantic Canadians can be "justly proud of the remarkable strength of the voluntary sector in this region, and of the tremendous contribution that volunteers make to our well-being, standard of living, and quality of life, we must recognize that a growing responsibility and burden rests on ever fewer shoulders. A smaller number of dedicated volunteers is being spread increasingly thin, and the danger of volunteer burnout is real." [91]

The report further notes that by age group, "older volunteers experienced the sharpest increase in average hours volunteered, with a 21-hour increase in average hours among 55-64 year olds, and a 67-hour increase among those 65 and older.

In an earlier report (1998), GPI Atlantic warned that a decline in the number of volunteers may result from two rising issues:

- Increasing times of stress among women, who constitute the majority of volunteers

- The increasing number of hours university graduates were spending at their paid jobs. (At 46 percent, university graduates had previously accounted for the highest rates of volunteering.)

The prediction that GPI made in 1998 is now the reality. Numerous participants at Task Force meetings echoed these findings when they spoke about the difficulties community groups and not-for-profit organizations are having attracting and retaining volunteers. It appears that volunteer activities were sacrificed as workplace pressures increased among university graduates. People with lower education levels and lower incomes have stepped in to help fill the void. But they have more difficulty meeting the out-of-pocket expenses associated with volunteering, which explains why Task Force meeting participants repeatedly requested compensation for volunteers.

GPI Atlantic's more recent report recommends preventing burnout among volunteers, and reducing workplace pressures and overwork, in order to coax educated and middle-aged people back into the voluntary sector.

Other researchers point to a third approach, and some potentially good news on the horizon. A report by Volunteer Canada called *Volunteer Connections: New Strategies for Involving Older Adults* notes that "all the ingredients are in place for a renaissance in the world of volunteering and Canada's aging population will be a vital element of that rebirth." Canadians who volunteer their time tend to be older. Therefore, as more and more baby boomers retire from the workforce, "a true Canadian natural resource will become available for the voluntary sector."

The report goes on to note that "this group of mature, yet energetic, people are more active and involved than any other generation of adults we've ever seen. Overall they are better educated, possess stronger voices and have higher profiles and skill levels than members of previous generations."[92]

> "Baby Boomers – as always it seems – are in a unique position. They have contributed to the evolution of many of the challenges we will face in the next 10 years. They have benefitted from, and some would say even taken

> for granted, the health and education systems as well as the infrastructure services such as water, electricity and media. As they themselves move into retirement and begin to turn to government to use rather than deliver a vast array of health and human support services, they will place systems of all types under incalculable pressure. They face a Canada never in more need of volunteers. They are, potentially, the volunteers that will be needed most."[93]

This sizable pool of highly skilled, capable, active retirees appears to be ripe for the picking. If they continue to volunteer in retirement at the rate they did in their 40s and 50s, more than one in three will do so. The challenge for the voluntary sector, however, will be to create environments that are ready to benefit from the unique contributions baby boomers can make.

Baby boomers are less interested in having their contribution recognized, and more interested in knowing how they are making a difference. They desire to make a meaningful contribution to an identified issue. Baby boomers will want to combine activities - spending time with family, supporting a cause, and improving their community. They tend to be forthright about their needs and will seek out volunteer work that interests them, is designed to achieve a well-defined goal and is both well organized and fun.

The sheer number of baby boomers will have far-reaching impacts on every aspect of society - many aspects that already rely on the voluntary sector. But retired baby boomers will also face competing demands on their time. Many will find themselves with parents to care for. And because many had their own children later in life, they will still be parenting relatively young children.

Meanwhile, we cannot overlook the needs or the valuable contribution of today's seniors - an age group with strong values about community and helping others. In fact, of the seven percent of Canadians who contribute more than 73 percent of all volunteer hours, the majority of them are seniors. And although younger seniors (age 65 to 74) volunteer more than those 75 and over, the older seniors who volunteer actually contribute more hours. [94]

The need to encourage and support continued participation among today's seniors is important for meeting community needs, while also significantly contributing to individual well-being. "Not only do volunteers assist those they serve, but volunteering assists volunteers." [95] Research shows that volunteering contributes to the health, vitality, self-esteem, and longevity of volunteers. Volunteers have significantly higher life satisfaction, a stronger will to live, and fewer symptoms of depression, anxiety, and somatization disorder (physical conditions caused by psychological problems).

At this point is it unknown whether today's seniors will serve as role models for the baby boom generation. It is also unknown whether baby boomers will take on the well-established roles of today's 'super-volunteers' (now in their 70s and 80s) as they move into retirement, or whether they will continue to break the mold and create a new era of community engagement and social responsibility.[96]

It is also important to note the differences between informal and formal volunteers. Formal volunteers are those individuals who donate their time through formally recognized organizations. Informal volunteers are people who provide assistance on their own in the community, without going through an organization. The different characteristics of formal volunteers and informal volunteers must be taken into consideration when planning for future needs and developing programs to attract, retain, and assist volunteers.

Older Adult Education

We live in the "information age" and most of it is written. Much of the information shared by government and all sectors is based on the assumption that people can read and understand what they have read. Although poor literacy skills affect all age groups, seniors with fewer years of education are particularly disadvantaged by society's increasing reliance on written information. This is especially important in the health field, where information is needed to follow directions, understand prescriptions and undertake preventive behaviours.

Nova Scotia seniors generally have low levels of literacy. The 1994 Adult Literacy Survey revealed that more than 80 percent of seniors scored lower than three on prose, document, and quantitative literacy tests. A score of three is considered to be the minimum adequacy level for coping effectively with day-to-day activities and interactions. These results therefore suggest that it is important to be aware of the many literacy challenges that exist for seniors in their day-to-day lives. [97]

It is also important to note the detrimental impact low literacy can have on quality of life. Studies show that people with low literacy levels are less likely to read newspapers, visit a library, write notes or letters, see movies, plays or concerts, participate in or attend sporting events, and/or participate in volunteer activities or community organizations. [98] Programs that improve literacy among seniors therefore improve individual well-being, while also enabling and expanding their contribution to community life. People with low literacy levels also have difficulties filling out application forms, which means many of them do not access the support programs they need and are eligible to receive.

Supportive Communities

Supportive communities recognize the broad impact that low literacy has on individuals and the community at large. Recommendations for accommodating low literacy include: producing readable information, especially health information, by using plain language, larger print, and diagrams or cartoons that facilitate understanding. Initiatives, such as the Grandparents International Storytelling Circle in Kentville, enable seniors to improve literacy skills by sharing their life stories. As an African proverb says, "when an old person dies, a library burns down." Although the storytelling circle in Kentville didn't build a library, it did publish a book. *Stories that Bind us Together* was printed last winter with the support of the Eastern Kings Chamber of Commerce and Inkspot Printing. When it sold out in three days, the Kentville Rotary Club stepped in to finance the second printing. Kentville's storytelling circle is an excellent example of how family and community members benefit from first-hand accounts of historical events and the valuable lessons learned through a lifetime of experience. It is also an inspiring example what is possible when different community groups work together.

Rural Issues

Healthy communities have safe environments, diverse economies, sustainable ecosystems, access to appropriate health services, and they encourage citizen participation. The challenge of creating and sustaining healthy communities in Nova Scotia is influenced by a number of economic and social factors.

In a study on population settlement patterns in Atlantic Canada, researchers at Mount Saint Vincent University noted that:

- The proportion of Atlantic Canadians who currently reside in rural areas is more than double the Canadian figures and population aging is occurring at an accelerated rate.
- Net in-migration rates for rural and small town areas in Atlantic Canada are lower than other rural areas in Canada, and certain urban centres in Atlantic Canada (e.g. Halifax) are attracting more in-migration from rural residents and other provinces.[99]

The result is similar to the chicken and egg scenario. Did out-migration cause the loss of amenities, or did the loss of amenities cause the out-migration? This is a difficult question to answer. Young people leave rural areas for a variety of reasons, including career opportunities in urban centres. Population losses lead to business closures, and markedly increase the cost of delivering health and social services. So, although there is ample research to suggest service availability plays a significant role in maintaining rural communities, the reasons for out-migration are complex and varied. There is no easy answer or one-size-fits-all solution. In fact, the Government of Nova Scotia's Community Development Policy notes that sustainable communities are crucial to the future strength and prosperity of the province, and developing them requires, among other things: local leadership, government support, collaboration, a focus on community assets, respecting local values, and achieving a proper balance between economic, social, environmental and cultural considerations.

The profound demographic shift underway in parts of rural Nova Scotia will require a shift in the types of services that will be needed by residents in rural communities. Lower population densities will further complicate the situation. Yet, innovative solutions to these challenges are available and it is important that the basic needs of residents be met.

The most successful models have provided integrated services, with an emphasis on health promotion. One such project is currently being developed by the Basin Wellness Society in Annapolis County. The centerpiece of the society's activities will be a $7.3 million aquatic/wellness complex called Lifeplex Wellness Centre at Cornwallis Park. Aside from Lifeplex being an important project for the community, Cornwallis Park stands as an inspiring example of community revitalization. When CFB Cornwallis closed in 1994, 1,000 jobs were lost and 246 housing units were left vacant. But rather than dwelling on the loss, the community focused on the opportunities. Partnerships between levels of government and community leaders led toinitiatives that attracted energetic retirees from across the country. The result is a vibrant community that has not only built on its physical assets, it also makes good use of its "social capital."

Social capital is an important concept for developing supportive communities. It is defined as the social networks and the resources that enable cooperation and collective action. At the root of it, however, is the age-old idea that "family, friends and co-workers are an important asset that can be relied on in a crisis, enjoyed for its own sake, and leveraged for gain." [100] The concept of social capital simply takes this one step further – what is true for individuals is also true for communities. Communities with a stronger stock of social capital are able to more effectively negotiate the challenges they face. Likewise, the communities in Nova Scotia that have strong social capital are better equipped to face the challenges associated with an aging population. They are more likely to provide a supportive environment and work together to find innovative solutions to perplexing problems.

Working Together

Although a 2004 report called *Community Capacity Draining: The Impact of Current Funding Practices on Non-Profit Community Organizations* focuses on issues affecting organizations in the City of Toronto, many of the observations and recommendations contained in the report cross jurisdictional boundaries.

> "Community organizations are recognized around the world as effective community builders and cost effective local service providers. Their work is seen as vital in creating strong communities, strong democracies and active, engaged citizens. The diversity and local nature of community organizations is one of its strengths and gives the sector its extraordinary involvement in, and connection to, community but it also means it is very difficult for the sector to speak with one voice and make their needs known. In a time of scarce resources and changing funding patterns, community organizations are most at risk of being overlooked."[101]

The analysis undertaken by the researchers provided information that enhances and alters current understanding of the financing of non-profit community organizations and led to recommendations for the reform of funding practices:

> As we consulted with a cross section of people involved with community organizations and funding bodies who had generously agreed to review early drafts, we were struck by the strong emotions this report generated, even in individuals who were aware of the problems in the sector and were working to fix them. In the human services, learning that "actions intended to help" may be falling short or creating additional problems is a hard message to hear. It is different from the private sector where, when profits are down, action is immediately taken because the bottom line drives decision-making. In the human services everyone involved – funders, board members, staff and volunteers – have a personal investment in helping people and the communities thrive. This personal commitment is precisely what makes the community service sector so unique but it can also be a liability if those involved are not willing to hear about problems and make the necessary changes.

The report goes on to note that funding problems are systemic. Fragmented funding has meant there has been no overview of how the sector is faring so each organization has been struggling alone. The trend to fund "programs" rather than funding "agencies to deliver programs" results in instability and increased stress to find the funds to operate, as well as a growing salary gap between the non-profit sector, the for profit sector, and the quasi-government sector, which will inevitably lead to human resource shortages in the non-profit sector.

"True Partnerships"

The Task Force received many comments about the need to encourage individual responsibility. They were summed up best in a written response submitted by Community Links, a Nova Scotia organization of seniors:

> "Community Links believes strongly in a community development approach to working in communities and in the power of volunteer action. Because of this, we feel that the Strategy for Positive Aging can be strengthened by directing some of its statements at seniors themselves. Indeed, as we are all aging, the Strategy should encourage individual responsibility among all ages and emphasize the absolute need for and the value of individual contribution to positive aging. This in no way tempers the need for governments to put in place a public policy framework that support positive aging, but simply recognizes that for this to happen, true partnership between government and community must exist."

Nova Scotia's seniors' clubs provide an example of organizations that benefit from partnerships with government. Seniors' clubs are also undergoing a period of transition. Some are coping with change better than others.

Seniors' clubs have a long history of service to seniors and continue to be a major voice for addressing seniors' issues:

> "In Nova Scotia in 1975, there were 92 clubs; in 1983 there were 203, and currently there are 232. At first they operated in isolation. However, through the efforts of their leaders, federations formed into 19 seniors' councils throughout Nova Scotia and collectively they became very influential on government decision making and the formulation of government policies. Seniors are consumers and voters and, as such, they began to appreciate their power and influence concerning their own destiny and the relevant services required to meet their needs." [102]

Seniors' clubs are as diverse as the communities they serve. It is important that they continue to provide leadership and adapt to the changing interests of seniors so that they can remain a vital source of information, socialization, and community-based support.

Elder Abuse

The complex problem of elder abuse is of great concern to many Nova Scotians. In the very broadest sense, elder abuse is the infliction of harm on an older person. It involves any act, or failure to act, that jeopardizes the health and/or well-being of an older person. Such action or inaction is especially harmful when it occurs within a relationship where there is an expectation of trust. There are several types of abuse: physical abuse; sexual abuse; emotional abuse; violation of human/civil rights; financial abuse; and neglect. Abused older persons come from all educational levels and social, economic, and ethnic backgrounds.

Providing accurate, current information on the prevalence of elder abuse is a true challenge due to the lack of research, absence of common indicators, and little consensus on what even constitutes abuse. The best information available is that between four and seven per cent of Canadian seniors are abused. Because abuse and neglect are thought to be seriously under-reported, these figures are often challenged. With the population of seniors expected to nearly double by 2026, the importance of addressing abuse of older adults will continue to grow in Nova Scotia.

Task Force public meetings were well-attended by individuals concerned about elder abuse. Participants spoke about the need to educate seniors about financial abuse and legal issues such as power of attorney. They also stressed the importance of developing positive inter-generational relationships to reduce ageist attitudes in society, a root cause of elder abuse. They referred to social isolation as a risk factor for abuse and neglect.

The *Nova Scotia Elder Abuse Strategy: Towards Awareness and Prevention* was released by the Nova Scotia Seniors' Secretariat on November 2, 2006. The strategy will guide the efforts of government to address elder abuse during the next three years and beyond. The four strategic areas identified as having the greatest potential to prevent and respond to elder abuse in Nova Scotia are: education and awareness, prevention of financial abuse, community-based networks, and resources and supports.

Supportive communities have a leading role to play in the prevention of abuse against older adults. The capacity of communities to address elder abuse can be built through the provision of information, skills, and resources to community members, to increase their understanding of the issues.

Summation

The needs of communities and the needs of seniors are intrinsically linked - responding to the needs of one will positively impact the health and well-being of the other. Nova Scotia seniors are a valuable resource for fostering community vitality. But as Community Links noted, it's a two-way street: Seniors who are able must take steps to contribute to their community, and communities must in turn support and encourage seniors to remain active and healthy. Community revitalization requires active participation, creative initiatives, and optimistic attitudes.

PART THREE:

The Road Ahead

As noted in the opening page of this Strategy, solutions to meeting the needs of seniors and all Nova Scotians today and in the future do not rest in convenient thinking, they lie in our collective creativity. The intent of **Part Three** is to stimulate creative thought. In this section, "Good Idea" items provide highlights of innovative initiatives that have being undertaken in other jurisdictions. Some may be worthy of duplication in Nova Scotia, some may not, and others may need to be adapted to suit our situation. Although the "Good Idea" items have not been fully investigated at this stage, they are worthy of closer consideration. "In the News" items are news clippings, which provide a small sampling of good work being done across Nova Scotia.

GOOD IDEA: Celebrating Seniors

Fruit Picking and Preserving Project

In a Victoria, British Columbia neighbourhood a local resident noticed a tree with unpicked fruit. Rather than watching the fruit go to waste he decided to gather a number of friends together to pick the fruit and to then distribute it to organizations that could put it to good use. By the same time the following year interest in organizing a more widespread harvest had developed and Lifestyles Project Society, a community gardening association, was approached and asked if they would like to adopt the project.

Funds from the Victoria Foundation helped hire a project coordinator to organize and support the increased amount of work as a result of the growing interest in this initiative that had now become an annual event. In 2001, 74 volunteer fruit pickers picked 170,000 lbs. of fruit from 186 different locations. An additional 68 individuals were involved in preserving the fruit.

Volunteers come from a variety of sectors and include students, retired persons, and social assistance recipients. Experienced volunteers head up each team and everyone working on the project receives training in work safety and fruit picking, handling, and grading.

The project has helped create safer and more pleasant neighbourhoods by harvesting fruit that would otherwise just fall to the ground and be left to decay. The program is also providing fruit and its nutritional value to those that may not have access to this food group as part of their daily diet. Volunteers involved in the picking, collection, and preservation of the fruit have learned new skills. New community partnerships have been formed between organizations involved in implementing the project.

The individuals and organizations active in this initiative feel empowered, knowing that their contribution to an innovative program is impacting people directly, improving their overall quality of life by providing them with access to better nutrition.

(Source: Profiles in Community Capacity-Building, Vancouver Foundation)

GOOD IDEA: Health and Well-Being

The Eden Alternative: Renewing Life in Nursing Homes

The Eden Alternative™ is remaking the experience of aging and disability around the world. It is a powerful tool for improving quality of life in long-term care facilities. The Eden Alternative creates coalitions of people and organizations that are committed to creating better social and physical environments for people.

The Eden Alternative is a not-for-profit organization that teaches people to see the environment as habitats for human beings rather than facilities for the frail and elderly. It shows how companion animals, the opportunity to give meaningful care to other living creatures, and variety and spontaneity create enlivened environments that succeed where pills and therapies fail.

Edenizing a long-term care facility means bringing birds, cats, dogs, fish, and other animals inside the facility to live with the residents. Eden facilities are rich with greenery that flourishes both inside and out and residents are encouraged to tend vegetable and flower gardens. Lastly, no Eden facility is totally complete unless the residents have opportunities to be involved with children. Edenizing takes time, but if done right it can combat the three plagues - loneliness, helplessness, and boredom.

Curing Loneliness

The cure for loneliness is companionship. That's where the birds come in. As pets, parakeets are lively, responsive and bond with their owners. Dogs and cats are important members of the Eden Alternative home. We all know that there are dog people and there are cat people. Why should we leave that aside when we move to assisted care?

In the United States and Canada, two highly segregated populations are children and elders. Children are sent off to schools with their peers. Elders are sent to nursing homes full of their peers. The Eden Alternative home strives to keep the family together. What better way than to offer on-site child care to staff members? And to include children of all ages in the daily lives of residents? Sharing stories, playing games, helping with homework, working together in the garden, holding a baby- all are simple ways to bring generations together.

Overcoming Helplessness

By helping children, and caring for pets and plants, elders overcome feelings of helplessness. They are, in a real way, giving care when they make decisions about their environment and the people around them.

No Room for Boredom

Finally, a home that opens its doors to pets, children and the community has little room for boredom. What happens when the cat goes after the cockatiel? When the dog chases a rabbit across the garden? When a finch flies out of the aviary? The unexpected! Life in an Eden home is spontaneous.

A final note - how do you tell the difference between residents' rooms? Well, they've brought their own furniture, their favorite artwork and photographs. The rooms are painted in their favorite colors, and they decide how to decorate the halls.

Significant Results

The Eden Alternative was created in 1991 by Dr. William H. Thomas, his wife Judy Meyers Thomas, and the administrative team at Chase Memorial Nursing Home in upstate New York. The results have been significant. Research shows a reduction in:

- Overall number of drug prescriptions (33 to 38 percent reduction)
- Infection rates (50 percent reduction)
- Staff turnover (26 to 30 percent reduction); staff absenteeism (40 percent reduction)
- Mortality rates (25 percent reduction)
- In-house pressure sores (50 to 60 percent reduction)
- Resident altercations (74 percent)

Financing the Eden Alternative

The cost for Eden registration is $495.00 (US dollars) plus shipping and handling for the materials. An organization receives the Eden Tree plaque (stars are issued to hang on the plaque for each principle the facility implements), Eden Alternative Handbook on diskette, a copy of the 10 principles, a year plaque and a subscription to the quarterly journal. Each Eden facility must have at least one Certified Eden Associate. Three-day extensive workshops are held, which currently costs $950 per participant.

The Eden Alternative does take money to implement. Residents are not charged more to live in an Eden facility. State and provincial governments do not reimburse Eden facilities more for their services. Funds for the implementation and continuation of the Eden Alternative can come from a number of sources. A portion of the nursing home's operating budget, grants (if eligible), and donations are all sources that can be used to pay for the Eden Alternative. The nursing home must actively search out donations and discounted services.

Volunteers are vital to the success of the Eden Alternative. They can be involved in all aspects of the nursing homes. Not only can the volunteers help take care of the plants and animals, they also help combat the three plagues by bringing a sense of family and community to residents in the nursing home.

Dr. Thomas envisions the Eden Alternative as the new status quo - the way things should be done. "The idea belongs to no one. The obligation to recognize, appreciate, and fulfill the most basic social needs of the most frail and elderly of our fellow human beings belongs to us all."

NOTE: Associate Training to become a Certified Eden Associate will be held at Valley View Villa, Stellarton, Nova Scotia on May 1-3, 2006. Valley View Villa will be Nova Scotia's first certified and registered Eden facility. For more information contact Kathleen Burnett, 905-736-0084 kburnett@culturechange.ca

Source: Excerpts from articles posted on website for The Eden Alternative (www.edenalt.com) and the National Center on Accessibility (www.ncaonline.org)

The Eden Alternative website for Eastern Canada is at www.edencan.com

GOOD IDEA: Health and Well-Being

Council Highlights Team Approach as Innovative Practice

A video illustrating the team approach to health care and health promotion at the Group Health Centre in Sault Saint Marie, Ontario is available on the Health Council of Canada website at http://hcc-ccs.com/videos.aspx
The following are excerpts from the video:

"It's easy one stop health care shopping."

"Better care at an overall reduced cost to the system."

"Different health care providers all being together in one clinic allows a much more comprehensive kind of care."

"An innovative model in the delivery of primary care. The Health Council of Canada is looking to accelerate the growth of this team-based approach across the country."

"It's a different way of coordinating services and care. The real difference is the team approach. I have ready access to all these people. …I do the general practice part, make the diagnosis, but then I've got a team to back me up." (Family Physician)

GOOD IDEA: Health and Well-Being

Team-Building Initiative Focuses on Interdisciplinary and Multicultural Interactions

The Downstate Team-Building Initiative (DTBI) is a year-long extracurricular program instituted in 2000 at the State University of New York, Downstate Medical Center, to unite students from seven health care disciplines to learn about the challenges of building cohesive and effective health care teams. The students in the program undergo training in methods of group decision making, conflict mediation, and alliance building across professional position and cultural identity in an effort to improve the abilities of future health care providers to work together in delivering quality care.

As explained by Joanie Mayer Hope, MA, MD, and colleagues, the DTBI curriculum has two basic components: Team Building and Team Action. Participants in teams of 20 to 30, led by student leaders, engage in a team-building process, after which they collectively identify and implement a health-related interdisciplinary community action project. Sessions are designed to move the group through four stages of development: FORMING (getting to know one another); STORMING (confronting potentially divisive issues); NORMING (establishing an effective group process); and PERFORMING (planning and implementing the community project). The goal of the program was to move through the first three phases during the Team Building portion, and to complete the fourth phase during Team Action.

Effectiveness of the program was assessed through matched pre- and post-intervention evaluations, which assessed changes in five variables: team atmosphere, teamwork skills, multicultural skills, interdisciplinary understanding, and interdisciplinary attitudes. Regression analysis showed a significant difference between pre- and post-intervention perceptions. More than 90 percent of participants surveyed felt that team atmosphere improved, and all felt that the groups' teamwork skills improved. Both self-confidence and confidence in the group to address discrimination issues also improved. Improvements were also demonstrated in the understanding of each of the various health professions.

The authors conclude that DTBI effectively teaches students both teamwork and multicultural skills applicable to preclinical and clinical settings, advancing the goals of the Medical Schools Objective Project by promoting altruism, respect, compassion, honesty, and integrity across all health care disciplines. "DTBI successfully teaches students to foster connections across their vastly diverse professional and cultural lives," say the authors. "By doing so, the DTBI approach to team building can improve the ability of future health care providers to work cooperatively in delivering quality health care."

Source: Highlights From Academic Medicine, The Journal of the Association of American Medical Colleges, March 2005.

Based on: Hope JM, Lugassy D, Meyer R, Jeanty F, Myers S, Jones S, Bradley J, Mitchell R, Cramer E. Bringing interdisciplinary and multicultural team building to health care education: the Downstate Team-Building Initiative. Acad Med 2005;80(1):74-83.

GOOD IDEA: Maximizing Independence

Nursing Home Without Walls Program

The State of New York implemented its A Nursing Home Without Walls program in 1978. The program is designed for individuals who financially qualify for the Medicaid program and physically require nursing home or nursing home level care. Rather than enter a nursing home, the individual has the option to create an in-home service package. These services must provide adequate health and housing services at the same level administered in a full time nursing home, but the individual has the flexibility to choose the combination of services that best suit him or her, as long as the combination of services does not exceed 75 percent of the cost of a licensed nursing home in the same community. The state will reimburse the in home services and the individual can age in place. This program has proven to be very popular in New York. Because each participant must create a service package costing less than 75 percent of the cost of a nursing home, the state has saved a considerable amount of money.

Source: see End Note #46 and References: Gaumer (1986)

GOOD IDEA: Housing Options

Easy Living Homes

The EasyLiving Home Program in Georgia is a voluntary certification program for builders that encourages the inclusion of key features which make homes cost effective, accessible and convenient for everyone without sacrificing style or adding substantial construction costs. The EasyLiving Home Program was developed by a coalition of public and private organizations, which includes Home Builders Association of Georgia, AARP Georgia, Atlanta Regional Commission Area Agency on Aging, Georgia Department of Community Affairs, Governor's Council on Developmental Disabilities, and Universal Design Alliance, among others. The EasyLiving Home Program, officially launched in 2001, now boasts more than 20 participating for-profit homebuilders and more than 40 certified homes.

Features of EasyLiving Homes include:

- Step-free entrances that make it easy and safe to invite a friend with mobility impairment or bring in a baby carriage.
- Wider doorways provide extra room for those using walkers or wheelchairs to comfortably move through the house.
- One bedroom, one bathroom, a kitchen and some entertaining all on the main floor that has fully maneuverable space.

For more information visit www.easylivinghome.org or call 770-270-1611.

GOOD IDEA: Housing Options

Lifetime Homes

In the 1980s, the Joseph Rowntree Foundation (in the United Kingdom) became particularly concerned about the quality of British housing and in particular how inaccessible and inconvenient many houses were for large segments of the population - from those with young children through to frail older people and those with temporary or permanent disabilities.

In 1991, the Lifetime Homes concept was developed by a group of housing experts who came together as the Joseph Rowntree Foundation Lifetime Homes Group. Lifetime Homes have sixteen design features that ensure a new house or flat will meet the needs of most households. This does not mean that every family is surrounded by things they do not need. The accent is on accessibility and design features that make the home flexible enough to meet whatever comes along in life: a teenager with a broken leg, a family member with serious illness, or parents carrying in heavy shopping and dealing with a stroller.

In the mid-1990s, the Government indicated its wish to extend Part M of the building regulations, which deals with accessibility, to cover houses as well as public buildings. After a long period of consultation in which the foundation was very actively involved, new regulations came into force for all housing built after October 1999. The new Part M regulations cover accessibility and Lifetime Homes features add the built-in flexibility that make homes easy to adapt as peoples' lives change. An earlier research report suggested that not only will the occupiers of homes benefit from Lifetime Homes, but so too will tax payers - to the tune of £5.5 billion over sixty years. These savings come from reduced expenditure on adaptations and reduced need to move people to residential care. There would be further savings in health care and re-housing costs. Organizations building homes subsidized with Government money from the Housing Corporation have to meet development standards that cover similar areas to Lifetime Homes.

Source: The Joseph Rountree Foundation website
www.jrf.org.uk/housingandcare/lifetimehomes

GOOD IDEA: Transportation

Getting Around - Alternatives for Seniors Who No Longer Drive

Part of living a long life includes the distinct possibility that at some point driving will no longer be an option. Therefore, considering future mobility options is an important aspect of "successful" aging. However, many older drivers are reluctant to give up the keys and families find that it is extremely difficult to discuss safe driving or the need to stop driving with their aging family members.

The "Getting Around" project in California involves public education to encourage and assist aging adults and their families to plan for the time when driving may not be a safe mobility option. The focus is on how individuals, families, and communities can plan for and facilitate giving up the keys. The project will develop a multi-media public education program including a video for national PBS broadcast, an accompanying guidebook, and an interactive Website.

In addition, Center for Healthy Aging (Santa Monica, California) will organize a pilot program in the Los Angeles area in which local senior services agencies will collaborate to assist seniors facing this difficult challenge. Working with a large Department of Motor Vehicles, the group will help individuals who voluntarily or involuntarily give up driving. This pilot will demonstrate ways in which a network of community agencies can respond to issues of driving. An expert advisory panel will review materials and provide general project guidance to ensure results are relevant to communities across the United States and Canada.

NOTE: The project began in June 2004 and is scheduled for completion in 2006.

Source: American Automobile Association's Foundation for Traffic Safety website www.aaafoundation.org

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GOOD IDEA: Transportation

PasRide Limits Liability

PasRide (Pasadena area Seniors Ride) was designed as a "volunteer friends" senior transportation program, and operated as a pilot project from January 2002 to June 2003. The underlying assumption of the program is that if seniors who need rides have something to offer friends and neighbours in return for those rides, not only will they be empowered to ask for rides, but friends and neighbours will be encouraged to provide them.

Unique elements of the program included:

- Riders recruited their own volunteer drivers, who could consist of friends, neighbours, family, church members or organizational volunteers. (This expanded the pool of available volunteers.)
- Riders scheduled rides directly with their drivers.
- Riders received mileage reimbursement for their transportation, which they personally distributed to their drivers – up to a maximum monthly total of $24.

One of the most important activities undertaken while planning PasRide related to risk management. Whether sponsors of such programs are government agencies, corporations, not-for-profit groups, concerns about liability are of great importance and a major barrier to undertaking or even considering a program. Furthermore, the risk of liability is greater when the organization has more assets. (In other words, the deeper the pockets, the greater the risk.) The PasRide design assumes the riders have a preexisting relationship with their drivers and would not select someone they knew was an unsafe driver. (The relationship itself reduces the risk of liability.) And because reimbursement was provided to riders, who in turn distributed the money to their volunteer drivers, the program sponsor was positioned in an 'arms length' relationship, which helped to minimize liability. PasRide's design provided additional safeguards that including driver screening. Also, because the program did not purchase or maintain vehicles, hire drivers, or schedule rides - all factors normally associated with a transportation program - it minimized its legal obligations and liability.

Local merchants were encouraged to participate in PasRide by contributing gifts for riders and drivers. Gifts received included theatre tickets, restaurant coupons, flowers, and telephone calling cards. When the pilot concluded, PasRide found a permanent home with the local YWCA.

The PasRide project created materials for use by other groups that want to adapt the model to their own community. For more detailed discussion on the planning, design, and implementation of PasRide, visit the website of the Beverly Foundation (www.beverlyfoundation.org) and select the *White Paper on PasRide Planning* and/or the *White Paper on PasRide Implementation*.

GOOD IDEA: Employment and Life Transition

Alumni Return to College Towns for Retirement

Fast-Growing Idea Enticing More Seniors to Age at Their Alma Mater

Associated Press, March 17, 2005

When Jim Davis graduated from Pennsylvania State University, he figured he was leaving for good. But more than 50 years later, he's back, this time for retirement.

"They all think we were crazy for coming back up here," Davis said, of the friends he and his wife, Jo Anne, left behind in their first retirement destination, a gated subdivision built around a golf course in North Carolina. "But it was the best decision we ever made."

The couple's move to State College, Pa., two years ago makes them part of a small but fast-growing group of seniors enticed back to their alma maters by a new generation of retirement communities opening on or near college campuses.

While private developers have been building such projects for several years, universities and colleges themselves are playing an increasing role, seeking new sources of revenue and a way to cement ties with alumni.

Retirees — most of them graduates of the schools, former faculty or people who already lived nearby — are drawn by the flurry of activities in college towns, the chance to continue learning and life alongside like-minded adults.

"There are a number of people who look for something other than a condo on the fifth green and a warm climate," said Leon Pastalan, director of the National Center on Housing and Living Arrangements for Older Adults at the University of Michigan. "They're looking for something more stimulating and that's what a college campus can provide."

Fast-Growing Idea

The first college retirement communities opened about 20 years ago, but the idea has really spread in the last three or four years, Pastalan said. There are at least 50 such developments near campuses around the country, from those near large schools like Duke University and the University of Michigan, to smaller schools like Lasell College in Newton, Mass. Some of the newest are those under way near Stanford University and the University of Alabama. About 10 to 15 others are in the planning stages, Pastalan said.

While four-year schools have led the way, community colleges also are beginning to explore such developments, seeing them as an extension of their existing work with older adults and continuing education, said Gerard Badler, managing director of Campus Continuum LLC, a Newton, Mass. developer and consultant.

The projects vary widely. Some are condominium developments, frequently built with community centers onsite. Others are so-called continuing care retirement communities — combining apartments with assisted living and nursing home facilities, designed to accommodate people from early retirement through their later years.

College Perks

That combined offering was one of the selling points for Jim and Jo Anne Davis — he's 74, she's 73 — who were concerned about finding a way to retire without burdening their adult children with future elder care responsibilities.

The couple, Pennsylvania natives, first looked for something near their first retirement home in Wrightsville Beach, N.C. But an article in an alumni magazine about The Village at Penn State, then in construction, drew them back to campus for a visit. They quickly signed up, moving in to a two-bedroom apartment with a view of the school's mammoth football stadium and nearby Mount Nittany.

They've quickly settled into a lifestyle more active than before they retired, Jo Anne Davis said. The couple regularly attend football games and campus performances. She is active in onsite activities like a women's crafts group, and twice weekly water aerobics classes at the university's swimming pool.

"When you get out of the bus and there are all these kids walking around, it just makes you feel so alive," she said.

GOOD IDEA: Supportive Communities

Communities for a Lifetime

(formerly Elder Ready Communities Program)

Florida defined an 'elder friendly' community as one "that creates a physical and emotional environment that celebrates positive aging, encourages self care and engages elders in a variety of activities. They are an open neighborhood, town or an entire city where intergenerational activities and bonding takes place; where interdependence and connectivity are the key ingredients. Elder Friendly Communities possess the infrastructure of services, the street designs, the leisure activities planning, the walkable streets, the consumer protection and zoning laws and elder friendly businesses and government agencies that enhance an elder's independence."

In March 2000, the state of Florida launched its Elder Ready Communities Program to raise awareness of the importance of considering the needs of older residents as part of the planning process, from older residents who are doing fairly well physically to the older resident with special medical and psychological needs. The program acknowledges that older residents often have unique needs that are, in some cases, overlooked in the planning process, a process that begins with zoning laws, and continues with the architectural design of houses, buildings or facilities, development of transportation systems, recreational activities, street lighting and accessibility.

Organized through the Office of Elder Affairs, this program offers communities around Florida the opportunity to assess their own facilities, services, housing stock and recreational activities, and develop a plan to improve the quality of life for current and future senior residents. While the state provides guidance to communities and furnishes assessment tools and a procedural framework, residents complete most of the work on the ground. This grassroots approach not only encourages residents to get involved, but allows those who live in the community to decide their own priorities and develop their own plans for making their community more elder-friendly. A community can decide to spend as much as or as little as they can afford to make improvements to their transportation, recreation or housing facilities and at a pace they can sustain, providing the maximum level of flexibility. Currently 60 communities are participating in the program and one grocery chain has become an elder-friendly business. The goal of the Office of Elder Affairs is to have all of Florida's communities Elder Ready by 2006.

Source: Communities for a Lifetime website www.communitiesforalifetime.org/

GOOD IDEA: Supportive Communities

Senior-Friendly Supermarket

North American supermarketers are watching with interest a European experiment in catering to the needs of older citizens. In 2003, the Adeg supermarket chain launched Adeg Aktiv Markt 50+ in Salzburg, Austria, designed specifically to appeal to older customers.

Store features include reduced-glare lighting and slip-proof flooring; wider aisles and easier-to-navigate parking spaces; reduced-height shelving and pleasant places to sit; signage and shelf markers in larger type. Each 50+ store offers several cart and basket options, including one that attaches to a wheelchair and another that has a fold-down seat for shoppers who need to rest. The produce display is engineered so that even a person in a motorized cart or wheelchair can select his or her own items. Shoppers can borrow reading glasses to check the small print on labels or use magnifying glasses that are attached to shelves in some areas. Smaller packages of things like cheese are intended to serve households of one or two.

Mothers with small children also like the wide and bright aisles, easier parking and friendly employees. Adeg hires only 50-plus workers for its 50+ markets and pays them a 10 percent premium. Sales in the Salzburg store ran five percent above the chain average, prompting Adeg to open another 50+ store in Salzburg and two more in Vienna.

Source: Natural Grocery Buyer magazine, Summer 2004

IN THE NEWS: Celebrating Seniors

Shiretown Minstrels Entertain and Enjoy

For regular visitors to Shiretown Nursing Home hearing the sound of a harmonica playing or a harmony of voices singing such old familiar tunes as: "How Much is that Doggy in the Window" comes as no surprise. It's the Shiretown Minstrels rehearsing.

Who are they? They are the residents and apartment dwellers of the Pictou County nursing home who enjoy singing, playing an instrument, reading out loud or acting. They put on three performances a year: Remembrance Day, Christmas and a Summertime Revue. Each performance is an hour in duration. For the Remembrance Day performance local elementary students are not only in the audience, but are part of the performance.

Activity director, Sharon Lynch explains that music therapy is an important part of the home's recreation program. "Everyone enjoys music in one way or another and it is an activity that excludes no one. Any resident, regardless of his/her cognitive awareness can be a member of the Minstrels as long as he/she loves to sing or perform."

Lynch says at one time two residents with advanced Alzheimer Disease were in the choral group. Together they sang two verses of "Will Your Anchor Hold," while the rest of the choral group joined in for the chorus. "There was not a dry eye in the audience."

Source: The Chronicle Herald (Halifax), Sept. 15, 2005

IN THE NEWS: Celebrating Seniors

Hantsport's Happy Hatters

The newest Valley chapter of the Red Hat Society held their first gathering on September 19th at Grandma's Country Treats restaurant in Hantsport.

"Queen Mother" Shirley Bishop welcomed the 30 ladies who came to learn more about the Red Hat Society which was founded in California by Sue Ellen Cooper in 1997 when, as a joke, she presented her best friend a gift consisting of a decorative red hat and a copy of the poem "Warning" by Jenny Joseph, for her 55th birthday.

The poem reminds us that we need to "loosen up" as we get older. In Joseph's poem she says: "When I am an old woman, I shall wear purple with a red hat" ... so, donning their red hats and purple dresses, the ladies went out for tea and attended other community socials. Other friends of Cooper desired a similar hat for their birthday and soon the Red Hat Society was born.

Since then, the society has grown by leaps and bounds with chapters being formed at a rate of 500 per week. There are now over 41,000 chapters in 36 countries with 113 of these in Nova Scotia. The "disorganization" is strictly for fun and based on the concept that growing old can be fun and frivolous. It is open to women 50 years and older who desire to celebrate the joys of aging gracefully - and playfully.

When Bishop, who initiated Hantsport's Happy Hatters chapter, was asked: "What does the society do?" Her answer was: "We do nothing! We feel like we have been dutiful and so busy for so long that we deserve a break!"

Source: The Hants Journal (Windsor), Oct. 19, 2005

IN THE NEWS: Celebrating Seniors

Atlantic Seniors Tops for Computer Savvy

By Neal Ozano

Seniors in Atlantic Canada are more Internet savvy than anywhere else in Canada, according to a study on Internet use. At least 42 per cent of seniors here use an Internet-capable computer, compared with only 25 per cent of seniors in Quebec, and 31 per cent nationally.

"That's extremely high," said Charles Zamaria, a co-author of a report penned by the Canadian Internet Project, and a Ryerson University radio and television arts professor. "It was a very surprising finding."

The only thing surprising about it, said 66-year-old John Labelle, a retired military officer, is that there aren't more seniors online. He uses the computer to check his e-mail, update his website and research information. "The wealth of information available to seniors on the computer today is amazing," said Labelle, who took a computer course through the Royal Canadian Legion. "I don't see any reason why seniors across Canada wouldn't use them. Computers are user-friendly."

Excerpt from The Daily News (Halifax), Nov. 3, 2005

IN THE NEWS: Health and Well-Being

Pets Make A Place A Home

Shelly LeFresne, director of recreation at Willow Lodge says pet therapy is a wonderful part of this small nursing home in Tatamagouche. They have three cats, which live the perfect life, eating, sleeping, and seeking attention from those around them, along with a newly acquired parrot and lovebird, which are providing many hours of enjoyment for the residents. "The unconditional love offered by our furry friends makes them fantastic companions and their funny antics prove to be quite entertaining," says LeFresne. "For those who suffer from a disability such as hearing loss, loss of sight, or even cognitive loss, many times they will respond to an animal." Staff recently brought their dogs into the home for an afternoon dog show. They were a big hit with the residents and staff alike. "The staff enjoyed the opportunity to show their pets to the residents," says LeFresne. She adds the nursing home staff also encourages family members to bring their pets in for the enjoyment of all residents. "After all, animals help to make a place where people live a home."

Source: The Chronicle Herald (Halifax), Sept. 15, 2005

IN THE NEWS: Health and Well-Being

Flu Clinic Offers Full Day of Health Programs

Hants County seniors got more than flu shots at the Seniors' Health and Wellness Day on Oct. 20. The West Hants Community Health Board, Seniors' Safety Program, Mental Health Services CDHA and The Royal Canadian Legion Hants County Branch # 9 partnered to sponsor a full day of free health and wellness programming for seniors.

"The day offers educational tools to the senior citizens in our community," said Bonnie Cookson coordinator of the Seniors Safety program. "The Seniors Health and Wellness day gives people access to screenings and information that will help them to achieve successful and healthy aging."

The day included a flu shot clinic administered by public health nurses, prescription reviews where seniors bagged their medications and over-the-counter medicines and brought them to pharmacists who reviewed their medications and disposed of any expired ones. Workshops and presentations were also held throughout the day, and educational literature was available on a wide variety of health-related topics.

Source: Adapted from The Hants Journal (Windsor), Oct. 19, 2005.

IN THE NEWS: Health and Well-Being

Design Students Create Innovative Medical Equipment, Inspiring Hospital Rooms

Good design won't cure illness, but a group of art students in Halifax are trying to prove that it can make you feel better. Since January 2003, design students from NSCAD University have worked with hospital staff and patients at Halifax's QEII Health Sciences Centre to improve the hospital's medical equipment and public spaces. Their creations were exhibited at the health centre this week.

NSCAD teacher Carlo Testa helped conceive Design for Health after visiting a family member in hospital. "You feel like you are in a very depressing place - the choice of colours, poor air quality, poor lights, poor furniture," Testa said of his experience. "You find extremely committed staff, [who do] everything possible to make you better, [in] an environment that does everything possible to make you worse."

The project's goal was to design more practical hospital equipment and more welcoming physical environments. Students created a range of prototypes, including a spill-proof cup for patients with failing hands, an ergonomic, football-shaped reflex hammer and an easily adjustable, padded lifting belt. All designs were tested and evaluated by health professionals, some of whom are already using the instruments.

Source: www.cbc.ca/story/arts/national/2004/06/18/Art… 19/6/2004
or www.dexigner.com/architecture/news-g1873.html

IN THE NEWS: Maximizing Independence

WANTED: Caring Individuals Looking to Enrich Lives of Others

By Catherine Silver, Public Relations Manager, VON Annapolis

"The Home Care VON team is made up of very dedicated, caring and supportive individuals. Your kindness was appreciated more than you know."

VON Annapolis Valley gets hundreds of letters with greetings like this one every year. The staff of 114 - 76 in King's County and 38 in Annapolis County - makes approximately 8,000 visits per month to enrich the lives of the residents of the area. "I've worked in the continuing care field for several years and I love it! I get a deep satisfaction from providing hands-on assistance to the people in my community. I especially enjoy working with seniors. We spend wonderful times together and share a lot of laughs - and I know that without my help, they might not be able to maintain their independence," says Louise Best, a Home Support Worker/Continuing Care Assistant with VON Annapolis Valley.

But what draws a person to this type of job? At VON, that question was easily answered. Trisha Towne, RN, Nurse Manager, VON Annapolis Valley Home Support says: "When I talk to our home support workers, it is very clear to me why they are in their position - the one-on-one care they are able to give to our clients." And this care is given in a non-institutionalized healthcare setting - the client's own home, making it all the more practical and comfortable for not only the client, but the whole family. A skilled Home Support Worker takes care of the whole package - the entire family becomes the client.

Being a Home Support Worker can mean being a part of a combined health professional team including physicians, specialists, nurses and volunteers. This unique approach is being pioneered in the palliative care program at VON Annapolis Valley as they take a team approach to supporting the dying client and their family. In their provision of respite and supportive care, the Home Support Worker occupies a critical position on the team. HSWs are often the people with whom the clients spend the most time, thereby noticing subtle changes in the client's physical and emotional conditions and are responsible for reporting these changes to the team.

"Clients tend to be more relaxed and honest about how they feel with Home Support Workers and volunteers because they have a different relationship with them than they do with doctors and nurses. There is a greater comfort level that develops because the focus is not as clinical. It's often an emotional connection that is made," explains Lillian Cochrane, RN, CHPCN (C) Coordinator of the Supportive and Palliative Care program.

Once one recognizes the integral role HSWs play in the lives of their clients, it is easy to determine the type of person who chooses to pursue this career path. Wanted: Caring, giving individuals looking for an opportunity to enrich the lives of those around them.

Source: The Chronicle Herald, Oct. 10, 2005

IN THE NEWS: Employment and Life Transition

Older Workers Program Renewed

Anyone feeling age is a barrier to gaining employment may want to have a look at the older experienced workers program. Jo-anne Binns, client navigator for the program at the Career Outreach Centre in New Waterford and Glace Bay, said the program ran for six months earlier in the year and had 73 clients.

She said 50 clients haven't gained full-time employment, six are employed part-time, one started a business and 10 received education upgrading or further training. "Because of the success of the program it has been extended another year."

Funded by Service Nova Scotia and the Department of Education, the program's focus is older experienced workers ages 50-64, as well as those identifying age as a barrier to securing employment. The program provides clients with transition counseling, resources, options and support to enable them to transition to new careers.

"We start with a grieving process which is part of a job transition," Binns said, noting that the program also encourages clients to anticipate and prepare for change. For instance, a former miner learns to take the skills he learned underground and bring them above ground. "We show how to apply all the skills gained and practiced over the years into a new work environment."

Clients who are electricians or plumbers have gone to work at Home Depot and Canadian Tire, where they specialize in those areas. "We encourage them to take these skill sets, what they did best and loved, into a new environment."

Almost half of the Centre's clients are older women, many have been homemakers who are looking to return to the workforce now that their children are grown.

Binns has also visited 85 businesses in the New Waterford and Glace Bay areas to educate employers about the benefits of hiring older workers.

Source: Adapted from Cape Breton Post (Sydney), Oct, 22, 2005

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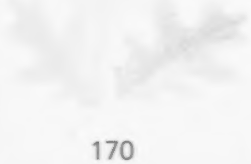

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Appendix A

Nova Scotia Task Force on Aging Advisory Committee

Chair: Valerie White, Seniors' Secretariat

Vice-chair: Heather Praught, Seniors' Secretariat

Lewis Bedford, Department of Health

Blair Boudreau, Senior Representative Acadian Community

Jean Clayton, Senior Representative African-Nova Scotian Community

Cathy Crouse, Metro Community Housing Assoc. & MSVU Nova Scotia Centre on Aging

Marion Dotten, Senior Representative Cumberland/Colchester

Sherm Embree, Councillor, Municipality of the District of Shelburne

Gerald Hashey, Service Nova Scotia and Municipal Relations

Phil Hughes, Senior Representative Antigonish & Chairperson, Group of IX

Bob Lancashire, Representative Business Sector & Annapolis Valley

Bernie LaRusic, Senior Representative Cape Breton & Vice-chair, Group of IX

Burke MacCallum, Nova Scotia Disabled Persons Commission

Teresa Marsh, Department of Community Services

Keith Menzies, Department of Health

Theresa Meuse, The Confederacy of Mainland Mi'kmaq

Brenda Montgomery, Senior Representative Halifax Regional Municipality

Brigitte Neumann, Nova Scotia Advisory Council on the Status of Women

Bob Purcell, Department of Justice

Jean Smyth, Department of Education

Joan Watson, Senior Representative South Shore

Wyatt White, Office of Aboriginal Affairs

Julian Young, Nova Scotia Health Promotion

Project Manager: Nancy Radcliffe

Special thanks also to Janet Knox, Charlie MacDonald, and Ann MacInnis who served on the Committee in its earlier stages as part of their formerly held positions.

Appendix B

Task Force on Aging Public Meetings

Oct. 25, 2004 – Dec. 3, 2004

Location	# Attended	Location	# Attended
Neil's Harbour	16	Shelburne	5
Cheticamp	17	Liverpool	12
Inverness	10	Bridgewater	22
Baddeck	4	New Ross	12
Port Hawkesbury	27	Yarmouth	19
Louisbourg	11	Saulnierville	62
Sydney	24	Digby	14
Grande Anse	17	Middleton	29
Antigonish	22	Kentville	29
Guysborough	10	Windsor	18
Sherbrooke	10	Dartmouth	26
Sheet Harbour	9	Middle Musquodoboit	13
Parrsboro	17	Halifax (Fairview)	16
Amherst	21	Lower Sackville	12
Truro	50	Elmsdale	62
New Glasgow	23	Dartmouth (Downtown)	26
Barrington Passage	8	Halifax (Northend)	24

NOTE: The above list totals 697, but these numbers account for only the people who chose to sign in. At some of the larger meetings, head counts exceeded the number of names on the sign-in sheet by an average of five people. Therefore, the total number of meeting participants is more accurately estimated to be 720.

Appendix C

Canada's Retirement Income System

November 2005

Canada's retirement income system has three components:

- Old Age Security (OAS) - government finance
- Canada Pension Plan (CPP) - financed by contributing workers and employers
- Private pensions and savings - including employer pensions, RRSP's, and other personal investments

Old Age Security Program

General Information:

Old Age Security is not employment earnings based. There are four benefits under Old Age Security:

- Old Age Security Pension
- Guaranteed Income Supplement (GIS)
- Allowance (previously called Spouse's Allowance)
- Allowance for the Survivor

Figures quoted are from the OAS Table of Rates, October-December 2005. The Table of Rates is reviewed quarterly to reflect cost of living changes according to the Consumer Price Index. If the cost of living goes up, so do the rates. If the cost of living goes down, the rates stay the same.

When applying for the GIS, the Allowance or the Allowance for the Survivor, the following is defined and must be reported as "income":

- Canada Pension Plan or Quebec Pension Plan benefits
- Private pension income and superannuation
- Foreign pension income
- RRSP's that have been cashed
- Employment Insurance benefits
- Interest on any savings
- Any capital gains or dividends

- Income from any rental properties
- Any employment income
- Income from other sources

Application Process:

Old Age Security Pension

- Must be applied for six months to one year before 65th birthday
- Application kit is available from any Service Canada office, can be downloaded from their Internet site (www.servicecanada.gc.ca), or can be ordered by calling their toll free number toll free number (1-800-277-9914)

Guaranteed Income Supplement

- Must be applied for every year since it is income based and income can vary from year to year (most renew automatically through the income tax system).
- Application kit can be ordered by calling the Service Canada toll free number (1-800-277-9914) or when application for the OAS is made (a request for application for the GIS can be made on the OAS form)

Allowance

- Service Canada sends an application kit when their records show an individual may be eligible for the Allowance

Allowance for the Survivor

- When an individual's spouse/partner has died, the Service Canada office should be notified by calling their toll free number (1-800-277-9914) and an application kit will be sent out

Old Age Security Pensin (OAS):

Eligibility criteria for maximum benefit:

- 65 years old
- Canadian citizen or legal resident of Canada
- Lived in Canada for at least 10 years after turning 18

Maximum monthly amount:

Individual recipients	$479.83	($5,757.96 per year)
Couple	$959.66	(11,515.92 per year)

Clawback:

Pensioners with an individual net income above $60,806 in 2005 will have to repay part or all of the maximum OAS pension amount effective July 2006. The repayment amounts are normally deducted from their monthly payments before they are issued. The full OAS pension will be eliminated if a pensioner's net income for 2005 is $98,793 or above.

Guaranteed Income Supplement (GIS):

Eligibility criteria:

- Receipt of the Old Age Security pension
- Meet the income requirements explained below

General Information:

The amount of GIS that individuals receive depends on their income and that of their spouse/partner if applicable. The rates for various income levels are specified in the Table of Rates.

*NOTE: The Old Age Security Program issues one payment per month to eligible persons. If an individual receives the Guaranteed Income Supplement, this amount is added to his/her basic Old Age Security Pension payment. Unless the recipient calls OAS or consults the Table of Rates, they have no way of knowing the portion of their payment considered OAS or GIS. This causes confusion among seniors.

Single Person

- The annual income of individuals receiving the GIS ranges from $12,600 to $19,465.19 per year.
- Individuals whose income is $12,600 receive the maximum amount of GIS ($570.27 per month) because they have little or no other source of income other than the OAS.
- Individuals whose income is $19,465.19 receive the minimum amount of GIS ($0.27 per month) because they have income from other sources.

Couple Both eligible for OAS

- The annual income of couples receiving the GIS ranges from $20,430.96 to $29,382.95 per year.
- The couple whose income is $20,430.96 receives the maximum amount of GIS ($742.92 per month combined) because they have no other source of income other than the OAS.
- The couple whose income is $29,382.95 receives the minimum amount of GIS ($0.92 per month) because they have income from other sources.

Couple One is eligible for GIS, other is non-pensioner under age 60 (Spouse of non-pensioner)

- The annual income of couples in this category ranges from $12,601.20 per year to $38,929.19 per year.
- The couple whose income is $12,601.20 receives the maximum amount of GIS ($570.27 per month) because they have no other source of income than the OAS.
- The couple whose income is $38,929.19 receives the minimum amount of GIS ($0.27 per month) because they have income from other sources.

Allowance (Formerly Spouse's Allowance)

Eligibility criteria for benefit:

- 60 to 64 years old
- Canadian Citizen or legal resident of Canada
- Lived in Canada for at least 10 years after turning 18
- Have low income
- Spouse/partner qualifies for the Guaranteed Income Supplement

General Information:

- The annual income of couples in this category ranges from $20,430.96 - $33,205.19 per year.
- The couple whose income is $20,430.96 receives the maximum amount of Allowance ($851.29 per month) because they have no other source of income.
- The couple whose income is $33,205.19 receives the minimum amount of Allowance ($0.46 per month) because they have income from other sources.

Allowance for the Survivor

Eligibility criteria for benefit:

- 60-64 years old
- Canadian citizen
- Lived in Canada for at least 10 years after turning 18
- Have low income
- Spouse/partner is deceased and you have not remarried or lived in a common-law union since their death

General Information:

- The annual income of the survivor ranges from $11,278.08 to $18,744 per year.
- Individuals whose income is $11,278.08 receive the maximum amount of Allowance ($939.84 per month) because they have no other source of income.
- Individuals whose income is $18,744 receive the minimum amount of GIS ($0.01 per month) because they have income from other sources.

* NOTE: *Individuals who are between the ages of 60 and 64 who were never married or lived in a common-law union do not qualify for a benefit. This is a source of contention.*

Canada Pension Plan

The Canada Pension Plan offers benefits to people who have contributed through earnings to the Plan or to both the CPP and the Quebec Pension Plan. It provides benefits when a contributor to the plan retires, becomes disabled, or dies. The amount of the benefit depends on the amount of earnings and contributions to the plan.

There are three benefits under Canada Pension Plan:

- Retirement Pension
- Disability Benefit and benefits for children of disabled contributors
- Survivor Benefits including the Death Benefit, the Survivor's Pension, and the Children's Benefit

Application Process:

- All Canada Pension Plan benefits must be applied for
- Except for Survivor Benefits, all application kits are available from any Service Canada office, can be downloaded from their Internet site, or can be ordered by calling their toll free number (1-800-277-9914)
- Survivor Benefits application forms are available from all funeral homes in Nova Scotia, at any Service Canada office, or can be ordered by calling their toll free number (1-800-277-9914)

Retirement Pension

Eligibility criteria

- Have made at least one valid contribution (payment) to the Plan
- At least 65 years old, no need to stop work or reduce earnings
- If 60-64, a reduced benefit may be paid if the contributor meets the requirements set out by CPP legislation. For details, contact Service Canada.

General Information (2005):

Contributions are paid only on earnings between a minimum of $3,500 and a maximum level of $41,100 per year. Both how long and how much is contributed (up to the maximum each year) are factors in determining the amount of the retirement pension received.

Maximum monthly amount	$828.75	($9,945 per year)
Average monthly amount	$ 456.92	($5,483 per year)

Disability Benefits

Eligibility criteria

- Under 65
- Have earned a specified minimum amount and contributed to the CPP while working for a minimum number of years
- Have a disability according to the CPP legislation

General Information (2005):

CPP Disability Benefit is automatically converted to a CPP Retirement Pension on turning 65.

Maximum monthly amount	$1010.23	($12,122 per year)
Average monthly amount	$ 749.08	($ 8,988 per year)

Survivor Benefits

- Death Benefit is a one-time payment to, or on behalf of, the estate of a deceased CPP contributor. The maximum payment is $2,500, the average payment is $2,219.
- Survivor's Pension is a monthly benefit paid to the surviving spouse or common-law partner of a deceased contributor, if the surviving spouse or common-law partner is not receiving other CPP benefits. The maximum payment for survivors 65+ is $497.25 per month. The maximum payment for survivors under 65 is $462.42 per month.
- Children's Benefit is a monthly benefit for dependent children of a deceased contributor. The monthly benefit for each child is a flat-rate amount. The maximum payment is $195.96 per month.

Addendum Appendix C

Old Age Security Payments

October - December 2005

The following chart shows the maximum and average monthly rates for Old Age Security (OAS), Guaranteed Income Supplement and the Allowance, as well as the maximum annual income to be eligible for these benefits. Old Age Security benefit rates are reviewed in January, April, July and October to reflect increases in the cost of living as measured by the Consumer Price Index. The term "spouse" includes a common-law partner. Pensioners are not eligible for benefits if their income, or the combined income of them and their spouse, is more than the maximum income shown on the chart. The Allowance stops being paid at $25,536 while the GIS stops being paid at $33,168.

Old Age Security Benefit Payment Rates

October - December 2005

Type of Benefit	Recipient	Average monthly benefit (July 2005)	Maximum Monthly Benefit	Maximum Annual Income
Old Age Security Pension	All recipients	$454.12	$479.83	See note below
Guaranteed Income Supplement	Single person	$383.55	$570.27	$13,704
	Spouse of pensioner	$234.63	$371.46	$17,856
	Spouse of non-pensioner	$377.01	$570.27	$33,168
	Spouse of Allowance recipient	$308.36	$371.46	$33,168
Allowance	All recipients	$326.08	$851.29	$25,536
Allowance for the survivor	All recipients	$507.47	$939.84	$18,744

Note - Pensioners with an individual net income above $60,806 must repay part or all of the maximum Old Age Security pension amount. The repayment amounts are normally deducted from their monthly payments before they are issued. The full OAS pension is eliminated when a pensioner's net income is $98,850 or above.

Appendix D

Programs/Supports for Caregivers in Nova Scotia

Respite Care

Caregivers may be eligible for up to 40 hours per month of replacement care services (in-home respite) and/or 28 days per year of facility-based respite through the Department of Health's Continuing Care Branch. The daily charge for respite beds across the province is $26.63.

Applications for respite services are made through the toll free intake telephone number (1-800-225-7225). The individual needing care will have his/her care needs and eligibility assessed by Continuing Care staff. In an emergency situation, every effort will be made to complete the application prior to admission. However, if necessary, admission to a long-term care facility respite care bed before the application process is concluded may be permitted.

Employment Insurance Program (EI) - Compassionate Care Benefit

Compassionate Care Benefits are designed to support employed caregivers. Compassionate care benefits may be paid up to a maximum of six weeks to a person who is absent from work to provide care or support to a family member who is at risk of dying within 26 weeks. Unemployed persons collecting Employment Insurance benefits may also be eligible.

Eligibility:

To be eligible for compassionate care benefits you must apply and show that:

- Your regular weekly earnings from work have decreased by more than 40 percent; and you have accumulated 600 insured hours in the last 52 weeks or since the start of your last claim. This period is called the qualifying period.

Who is considered a family member?

You can receive compassionate care benefits to care for one of the following family member:

- Your child or the child of your spouse or common-law partner;
- Your wife/husband or common-law partner;
- Your father/mother;
- Your father's wife/mother's husband;

- The common-law partner of your father/mother.
- Common-law partner means a person who has been living in a conjugal relationship with that person for at least a year.

Sharing compassionate care benefits:

You can share the six weeks compassionate care benefits with other members of your family who must also apply and are eligible for these benefits. The number of weeks that you will share with other members of your family should be decided and agreed between each family member requesting these benefits at the time you apply for compassionate care benefits.

Medical proof:

When requesting compassionate care benefits you must provide a medical certificate as proof that the ill family member needs care or support and is at risk of dying within 26 weeks.

How, where and when to apply:

To receive compassionate care benefits you must submit an EI application on-line or in person at your local office. You should apply as soon as you stop working.

When will you receive your first payment?

If all required information is provided, and you qualify for benefits, your payment will usually be issued within 28 days from the date of filing your claim. If you do not qualify, you will be notified of the decision made on your claim.

A two-week waiting period to serve:

You must serve a two-week unpaid waiting period before your EI benefits begin to be paid. Generally, this period is the first two weeks of your claim. This is like a deductible for any kind of insurance. On the other hand, if you reopen a claim for benefits in which you have already served a two-week waiting period, you do not serve another two-week waiting period.

The benefits end when:

Six weeks compassionate care benefits have been paid, or the gravely ill family member dies or no longer requires care or support; benefits are paid to the end of the week, or the 26-week period has expired.

Working while on compassionate care benefits:

If you work while on compassionate care benefits you can earn $50 or 25 percent of your weekly benefits, whichever is higher. Any monies earned above that amount will be deducted dollar for dollar from your benefits.

How much will you receive?

The basic benefit rate is 55 percent of your average insured earnings. The maximum EI benefit is $413 per week. Your EI payment is a taxable income, meaning federal and provincial or territorial — if it applies — taxes will be deducted. You could receive a higher benefit rate if you are in a low-income family — an income of less than $25,921— with children and you or your spouse receive the Canada Child Tax Benefit (CCTB), you are entitled to the Family Supplement.

Quitting your job for compassionate care reasons:

It is hoped that compassionate care benefits will help you provide care or support to a gravely ill family member at risk of dying without having to quit your job. If you do quit, you may still be paid compassionate care benefits, but there is a possibility that you will not be paid regular benefits. You may be able to receive regular benefits if voluntarily leaving your employment was the only reasonable alternative in your case, considering all the circumstances. In other words, you took all the necessary steps to avoid quitting your employment.

Compassionate care benefits outside Canada:

Compassionate care benefits to care for or support a family member who is gravely ill and at risk of dying can be paid regardless of where that family member — patient — lives. You have to apply for benefits and submit the same information/documents as required for a person taking care of a gravely ill family member residing in Canada.

Other benefits from Canada's public pensions:

The Canada Pension Plan pays disability and survivor benefits for those who qualify. It could provide a monthly income to the gravely ill family member that becomes severely disabled during the working years. It could also provide a monthly income to the surviving spouse or common-law partner and dependent children. The gravely ill family member may be eligible to receive EI sickness benefits and disability benefits from the Canada Pension Plan. That person may apply for both benefits at the same time.

Caregiver Tax Credits

Caregivers are entitled to tax credits including: Basic Personal Credit, Caregiver Credit, Spousal Credit, Dependent Disability Credit, Spousal Transfer Credit, Eligible Dependent Credit, and Infirm Dependent Credit. Seniors (as care receivers) are entitled to a number of tax credits including: Basic Personal Credit, Age Credit, Personal Disability Credit and Credits for Medical Expenses. Details are available from Canada Customs and Revenue Agency.

Caregiver Resource Library

As part of Mount St. Vincent University's Nova Scotia Centre on Aging, the Caregivers Resource Library is a lending library of books and videos, which provide information and support to both paid and unpaid caregivers. Information is targeted to those who care for elderly people, and older caregivers who are caring for other family members. Anyone living in Nova Scotia may borrow from the library. Mail service is available for people living outside Halifax.

Appendix E

Programs to Help Seniors Maintain Their Homes

Property Tax Rebate

Administered by Service Nova Scotia and Municipal Relations (SNSMR), the Property Tax Rebate Program is designed to help seniors remain in their own homes by providing them with an annual rebate on their municipal property taxes. The program provides eligible homeowners with a 50 percent rebate on the municipal property taxes paid the previous year, up to a maximum of $400/year.

Eligibility:

- Receipt of the Guaranteed Income Supplement or the Allowance
- Living in the home at the time of application and continue to reside in the home
- Last year's property taxes were paid in full

Application Process:

If you received the Property Tax Rebate in the previous year and were in receipt of the GIS or Allowance in the current year, an application form is automatically mailed to you in July. To receive the rebate, simply complete the application form and return it to SNSMR by December 31.

New Applicants: to determine your eligibility, call SNSMR toll free at 1-877-296-9338. If you are eligible, an application form will be mailed to you. To receive the rebate, complete the application form and return it the SNSMR.

Home Improvement Grants and Loans

Programs administered by the Department of Community Services, Housing Services include:

- Access-A-Home Program (grants of up to $3,000 to make a home wheelchair accessible)
- Emergency Repair Program (grants of up to $6,000 to homeowners in rural areas to carry out emergency repairs)

- Family Modest Housing Program (mortgage funds for up to $70,000 to build or buy a modest home – annual income must be less than $50,000)

- Parent Apartment Program (provides loans of up to $25,000 for the creation of affordable accommodation within or attached to an existing single-family home for a family member who is at least 50 years old – annual income of the 'parent' must be less than $20,000)

- Provincial Housing Emergency Repairs Program

- Residential Rehabilitation Assistance Programs (forgivable loan of up to $16,000 to make repairs for the home to meet minimum health and safety standards)

- Senior Citizens' Assistance Program (grants of up to $5,000 to seniors to carry out emergency and health and safety-related repairs)

- Small Loans Assistance Program (loans of up to $20,000 for home renovations – income must be less than $35,000)

More information about the above programs and contact information for the Regional/District Housing Offices is available in Programs for Seniors. Call the Seniors' Secretariat at 1-800-670-0065 for a copy or access the publication online at www.gov.ns.ca/scs.

Keep the Heat Program

Keep the Heat is a program to help with the rising cost of home heating. The program offers low-income Nova Scotians a one-time rebate cheque, a coupon for a furnace tune-up, an energy savings kit, and, for people who heat with electricity, a chance to receive new thermostats. Keep the Heat will also provide all Nova Scotians with tips on how to save on energy use and costs this winter. The rebate is a one-time payment of $250 for oil or propane users, or $100 for all other heating sources, including electricity, wood, coal, wood pellets and natural gas.

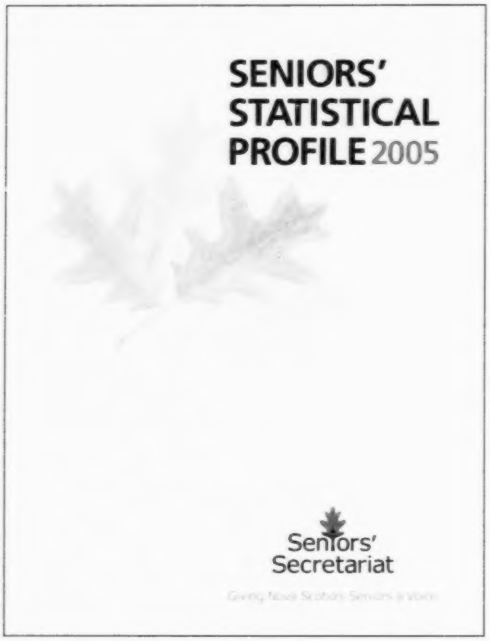
Eligibility

- Families with a combined family net income of $25,000 or less in 2004

- Single people with a net income of $15,000 or less in 2004

- Seniors who receives the Guaranteed Income Supplement or Allowance.

For more information or to apply, call 424-5200, or toll-free 1-800-670-4357, or visit www.gov.ns.ca (click on the Keep the Heat logo).



SENIORS'
STATISTICAL
PROFILE 2005

Seniors'
Secretariat

Giving Nova Scotian Seniors a Voice

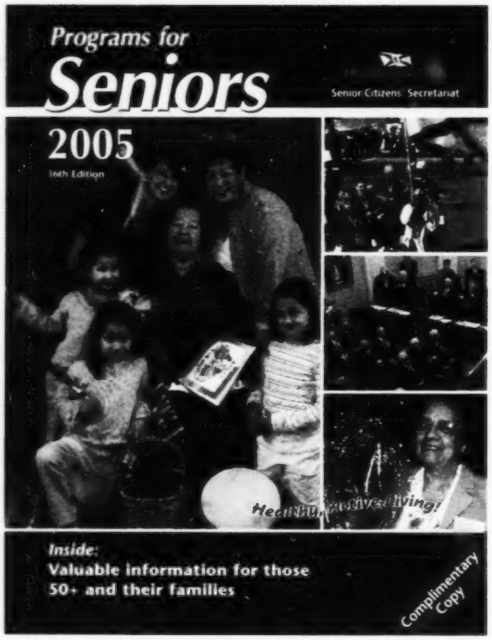
Seniors' Statistical Profile

The Seniors' Statistical Profile is a valuable resource for those who work with seniors in Nova Scotia. The report provides clear and accurate information on the living arrangements, leisure habits, income security, life expectancy, and many other characteristics of Nova Scotia seniors.

The Seniors' Statistical Profile is produced by the Nova Scotia Seniors' Secretariat and updated regularly to incorporate the most current information.

The Secretariat invites policy makers at all levels of government, the media, and others to use the Statistical Profile as a helpful tool for planning and to ensure accuracy in developing reports.

To request a copy:
Phone: 1-800-670-0065 (toll free) or 424-0065
E-Mail: scs@gov.ns.ca   Website: www.gov.ns.ca/scs



Programs for Seniors

"I am so pleased with this booklet. I get quite excited when it arrives. I initiate new staff about it and make sure they have a copy. We also give it out to our clients. Everyone is so busy these days; it's nice to have so much information at my fingertips!"

- Debbie Waye,
Metropolitan Regional Housing Association

Programs for Seniors is an easy-to-read directory published annually by the Nova Scotia Seniors' Secretariat. The directory features information about active living, health care, transportation, housing, finances, legal matters, and much more.

Copies are available at pharmacies, libraries, physicians' offices, hospitals, seniors' centres, and clubs. Multiple copies of Programs for Seniors can be sent to groups and organizations upon request.

To request a copy:
Phone: 1-800-670-0065 (toll free) or 424-0065
E-Mail: scs@gov.ns.ca   Website: www.gov.ns.ca/scs

Strategy for Positive Aging in Nova Scotia 2005

NOVA SCOTIA